

City of Fort Worth Neighborhood Services

**Public Service Agency (PSA)
Request for Proposals (RFP)
Pre-Proposal Conference**

February 6-9, 2023





GENERAL INFORMATION

- Please silence your phones
- Questions will be taken at the end of the presentation
- PowerPoint Presentation will be available online and emailed to attendees
- Pre-Proposal Conference attendance (one per agency) is required to submit application

AGENDA

Welcome/Overview

**Sharon Burkley, Community
Development Planning Manager**

Application Review

Scoring Criteria

Luz Earley, Management Analyst

Neighborly Software Overview

Wrap Up/Questions/Comments

CFW Website Location

<https://www.fortworthtexas.gov/departments/neighborhoods/services/grants>



HUD Entitlement Grants

COMMUNITY DEVELOPMENT



BLOCK GRANT

- Community development activities
- Construction of public facilities and improvements
- Public Services
- Preservation and restoration of historic properties in low income neighborhoods

HUD Entitlement Grants



- Emergency Shelter
- Homelessness Prevention
- Rapid Re-Housing
- Street Outreach

HUD Entitlement Grants



Housing assistance and supportive services for low-income persons living with HIV/AIDS

- Administration
- Facility-Based Operations
- Short-Term Rent, Mortgage, Utility Assistance (STRMU)
- Tenant-Based Rental Assistance (TBRA)

FUNDING ALLOCATION

2023-2024 Estimated CFW Grant Allocations \$3,789,138 (39%)*	
CDBG (15%)	\$1,042,006
ESG (93%)	\$ 581,403
HOPWA (97%)	\$2,165,729

**based on prior year grant allocations*

FUNDING ALLOCATION

PSA Funding Thresholds <i>*subject to availability</i>		
TIER I	\$50,000 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 request amount - \$50,000*

COMMUNITY DEVELOPMENT COUNCIL

Description: The Community Development Council was established for the purpose of assisting the City Council in setting priorities for projects to be initiated with Federal funding and complying with Federal grant requirements and limitations of the United States Department of Housing and Urban Development. It reviews the various proposed Federal projects and plans for community development and makes recommendations to the City Council with regard to such projects and plans toward the goal of providing decent, safe and sanitary housing for low and moderate income families in Fort Worth. The Council serves as an advisory board appointed by the Council.

Meeting Time and Place Meets on second Wednesday of each month at 6:30 p.m. Meetings are held in City Hall, 200 Texas Street, Council Conference Room 2020, Fort Worth, Texas 76102. For meeting agendas, please see the city calendar for upcoming meetings <https://www.fortworthtexas.gov/calendar/boards-commission>

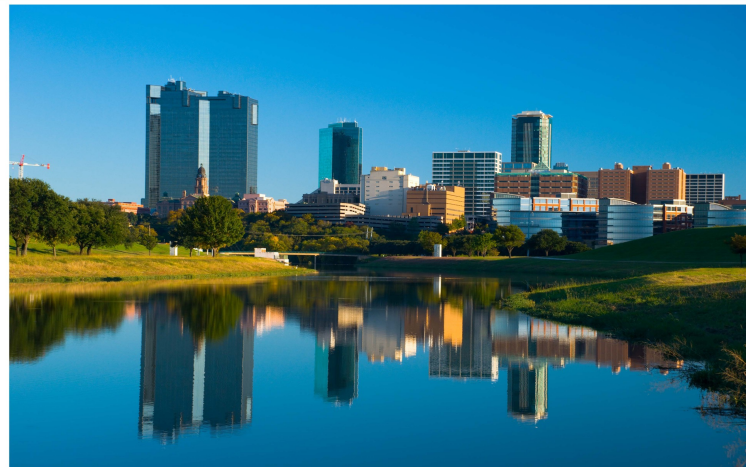


UNAUTHORIZED COMMUNICATIONS

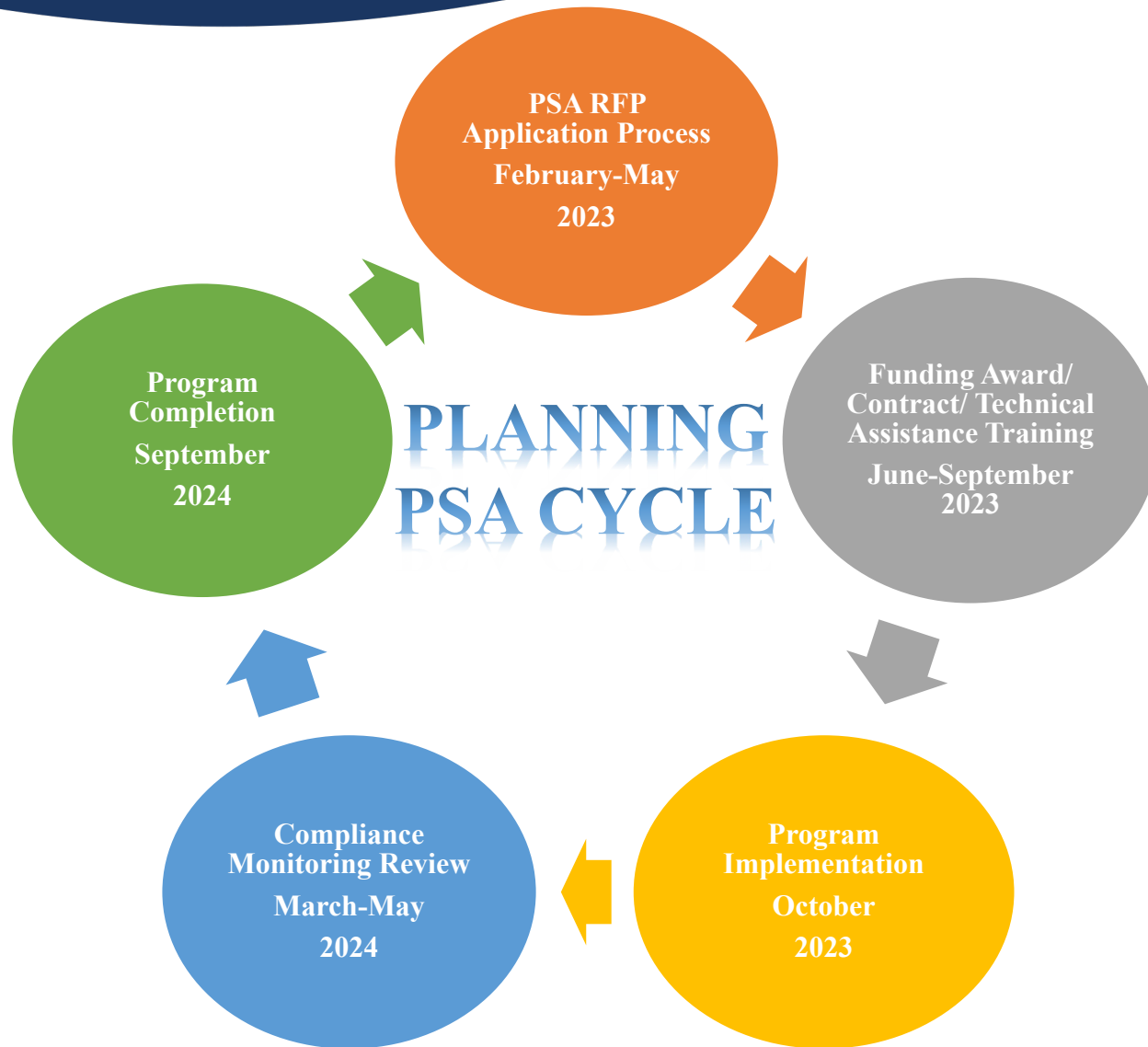


After release of this solicitation, applicants' contact regarding this RFP with members of the RFP evaluation, interview or selection panels, employees of the City or officials of the City other than the Community Development Planning Manager or as otherwise indicated is prohibited and may result in disqualification from this procurement process. No officer, employee, agent or representative of the applicants shall have any contact or discussion, verbal or written, with any members of the City Council, members of the RFP evaluation, scoring team, or City staff or directly or indirectly through others, seek to influence any City Council member or City staff regarding any matters pertaining to this solicitation, except as herein provided. If a representative of any applicant violates the foregoing prohibition by contacting any of the above listed parties with whom contact is not authorized, such contact may result in the applicants being disqualified from the procurement process. Any oral communications are considered unofficial and non-binding with regard to this RFP.

COMMUNITY DEVELOPMENT COUNCIL



Agency Name:
Program Name:
Amount Requested: \$
Number of Clients to be served:
Council District(s):
Location(s):
Grants Funds Requested For:
Program Description:
City Goal(s) Met:
NSD Staff/CDC Comments:



Victor Turner, *Director*

PLANNING DIVISION

Sharon Burkley, *Community Development Planning Manager*

VACANT, *Community Development Planner*

VACANT, *Environmental Review Planner*

Luz Earley, *Management Analyst*

VACANT, *Management Analyst*

NEIGHBORHOOD IMPROVEMENT & REVITALIZATION DIVISION

Terrance Jones, *Neighborhood Services Manager*

Joshua Hezlep, *Neighborhood Program Coordinator*

Tamara Jones, *Neighborhood Program Manager*

JonEric Eubanks, *Neighborhood Program Coordinator*

Jerin Smith, *Neighborhood Development Specialist*

Celeste Macklin, *Senior Administrative Assistant*

COMMUNITY DEVELOPMENT DIVISION

Justin McLaughlin, *Neighborhood Development Coordinator*

COMPLIANCE DIVISION

Charletta Moaning, *Senior Contract Compliance Specialist*

Paris Brooks, *Administrative Technician*

Application Review

Sharon Burkley

Community Development Planning Manager





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....

RFP Application Updates



- Board Composition no longer included in scoring separately
- Only one CDBG application per applicant
- Chief Executive Officer/Executive Director contact information included in application
- Bank statements from operating account only requested (12 months)
- Homeless Services no longer a funded activity under CDBG
- No CDC agency presentations
- New scoring team members (Neighborhood Improvement & Revitalization Division) to align with Contract Administrator transition
- Implementing pilot program for new applicants for agencies that have not been funded through PSA RFP previously (CDBG only)

RFP Application Updates



Pilot Program

Vanguard Award

- Assess applications from new applicants; agencies that have not been funded through PSA RFP
- Identify up to four (4) applicants as a part of the pilot program
- Allocate \$25,000 per agency
- Allocate from Community Development Block Grant (CDBG)
- Evaluate agency performance at six month period (April 2023)

RFP Application

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



GRANT OVERVIEW (CDBG)



City of Fort Worth 2023-2024
Community Development
Block Grant (CDBG)
Request for Proposals
Summary & Instructions
Grant Application Instructions

City of Fort Worth
Neighborhood Services Department
908 Monroe Street
City Hall Annex
Fort Worth, TX 76102
817-392-7540
sharon.burkley@fortworthtexas.gov

Introduction

The City of Fort Worth (City) Neighborhood Services Department (NSD) is inviting nonprofit and social service agencies and City departments offering similar direct social services to respond to this Request for Proposals (RFP) for public service and architectural barrier removal programs providing benefits to eligible households.

Eligible Activities under this RFP include, but not limited to:

- Job training and employment services
- Child Care Services
- Housing Counseling Services
- Youth Services
- Tutoring and Educational Services
- Senior Services/Aging In Place
- Housing architectural barrier removal programs for single family, owner-occupied housing only

Funding awards made through this RFP will result in an annual contract from October 1, 2023 - September 30, 2024. Funding commitments and the execution of contracts are subject to the City of Fort Worth's receipt of grant funds from the U.S. Department of Housing and Urban Development (HUD). All applications must be submitted through Neighborly Software. This RFP Summary & Instructions document is provided to give potential applicants all information relevant to submission of a proposal through Neighborly Software.

GRANT OVERVIEW (ESG)



City of Fort Worth
2023-2024
Emergency Solutions Grant
(ESG) Request for Proposals
Summary & Instructions
Grant Application Instructions

City of Fort Worth
Neighborhood Services Department
908 Monroe Street
City Hall Annex
Fort Worth, TX 76102
817-392-7540
sharon.burkley@fortworthtexas.gov

Introduction

The City of Fort Worth (City) Neighborhood Services Department (NSD) is inviting nonprofit and social service agencies and City departments offering similar direct social services to respond to this Request for Proposals (RFP) for public service and architectural barrier removal programs providing benefits to eligible households.

Eligible Activities under this RFP include one (or more) services for the homeless or persons at risk of homelessness:

- Homeless Prevention
- Shelter Operations
- Rapid Rehousing

Funding awards made through this RFP will result in an annual contract from October 1, 2023 -September 30, 2024. Funding commitments and the execution of contracts are subject to the City of Fort Worth's receipt of grant funds from the U.S. Department of Housing and Urban Development (HUD). All applications must be submitted through Neighborly Software. This RFP Summary & Instructions document is provided to give potential applicants all information relevant to submission of a proposal through Neighborly Software.

GRANT OVERVIEW (HOPWA)



City of Fort Worth
2023-2024
Housing Opportunities for
Persons with AIDS (HOPWA)
Request for Proposals
Summary & Instructions
Grant Application Instructions

City of Fort Worth
Neighborhood Services Department
908 Monroe Street
City Hall Annex
Fort Worth, TX 76102
817-392-7540
sharon.burkley@fortworthtexas.gov

Introduction

The City of Fort Worth (City) Neighborhood Services Department (NSD) is inviting nonprofit and social service agencies and City departments offering similar direct social services to respond to this Request for Proposals (RFP) for public service and architectural barrier removal programs providing benefits to eligible households.

Eligible Activities under this RFP include the following services for persons with HIV/AIDS:

- Short-Term Rent, Mortgage, and Utility (STRMU) services
- Supportive Services
- Tenant-Based Rental Assistance (TBRA)
- Facility-based Operations
- Administration

Funding awards made through this RFP will result in an annual contract from October 1, 2023 - September 30, 2024. Funding commitments and the execution of contracts are subject to the City of Fort Worth's receipt of grant funds from the U.S. Department of Housing and Urban Development (HUD). All applications must be submitted through Neighborly Software. This RFP Summary & Instructions document is provided to give potential applicants all information relevant to submission of a proposal through Neighborly Software.

PRE-APPLICATION QUESTIONNAIRE

Pre-Application Questionnaire

Provide the following information

1. Organization Name

2. Organization Address

3. Program/Service Name

CEO/EXECUTIVE DIRECTOR CONTACT INFORMATION

4. Name

5. Title

6. Phone

7. Email

RFP POINT OF CONTACT INFORMATION

8. Name

9. Title

10. Phone

11. Email

PRE-APPLICATION QUESTIONNAIRE

12. Which date did the applicant attend the 2023-2024 Pre-Proposal Conference?

February 6, 2023 @ 10am

February 7, 2023 @ 6pm

February 9, 2023 @ 1pm

Name of Person Attending Pre-Proposal Conference: _____

13. Proposed Funding Request Amount

14. Select an eligible CDBG activity for this proposal.

Job Training and Employment Services

Child Care Services

Housing Counseling Services

Youth Services

Tutoring and Educational Services

Senior Services/Aging In Place

Housing architectural barrier removal program (single-family owner-occupied housing only)

Other eligible activity (Activity Name _____)

15. What year was the agency/organization established per the Secretary of State of Texas?

16. What is the legal entity name?

17. What types of program/services are provided? When (Days/Times)? Where (include service areas)?

PRE-APPLICATION QUESTIONNAIRE

18. Program Address Location(s) (List agency office address first)

If multiple addresses, please list them below.

Street Address

19. If required is the agency able to provide twelve (12) months of bank statements for the organization?

20. How many clients were served during each of the past three years (2020-2022)?

20a. October 1, 2020 – September 30, 2021 _____

20b. October 1, 2021 – September 30, 2022 _____

20c. October 1, 2022 – September 30, 2023 _____

21. Does the agency/organization have an active Board of Directors?

21a.

21b. If not, what is the oversight body for the agency/organization?

22. Does the agency/organization have any experience managing state and/or federal grants (\$25,000 or greater)?

If so, complete the table below.

23. Provide brief description of the proposed program/service to be funded with this RFP

24. How many persons does the agency/organization currently employ?

25. How many persons are assigned to work with the proposed program/service (include paid staff and volunteers)?



Section 504 Self-Evaluation Questionnaire

SECTION 504 SELF-EVALUATION/QUESTIONNAIRE

The purpose of this self-evaluation is to assess the accessibility of City of Fort Worth sub-recipient Agencies' federally funded programs and activities, and to assess whether persons with disabilities are given the same opportunities for agency employment and for participation in such programs and activities as mandated by Section 504 of the Rehabilitation Act of 1973 and 24 CFR Part 8 of HUD regulations.

Requirement	Yes	No	N/A	Explain process (as applicable)
Checklist of Administrative Requirements				
For Agencies employing 15 or more employees, has an employee been designated as a Section 504 coordinator? <i>(If so, please list the name of the employee(s).)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has a Grievance Procedure for complaints of discrimination against disabled persons been established? <i>(If so, please attach a copy.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can Agency furnish appropriate auxiliary aids to a disabled client when appropriate? <i>(E.g. large print materials, hearing aids, notes, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does Agency ensure that clients are made aware of Agency's non-discriminatory policy? If so, by what means? <i>(E.g. website, application, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can Agency provide application, pamphlets, contracts, etc. in large print if requested by a client? <i>(for the visually impaired)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can Agency provide application, pamphlets, contracts, etc. in braille if requested by a client? <i>(for the visually impaired)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does Agency provide the national relay service phone number or Telecommunication Device for the Deaf (TDD) number on all applications, pamphlets, contracts, etc.? <i>(for the hearing impaired)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Could Agency provide a sign language interpreter if needed for a client? <i>(for the hearing impaired)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Checklist of Employment Requirements				
Note: Please attach a copy of the relevant portion(s) of your Program or Personnel Policies which address the following items:				
Does Agency ensure that all employees receive equal and fair treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do Agency job announcements include a nondiscrimination statement? If so, please include the statement in the explanation column.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Agency job announcements posted in physically accessible areas? <i>(E.g. Person in a wheelchair is able to read job announcement.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are job announcements published in a manner that accommodates the needs of persons with disabilities? <i>(E.g. on website, newspaper, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Does Agency limit the eligibility of qualified handicapped employees for promotion, training or other opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does every Agency training program allow equal participation by qualified handicapped employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Checklist of Physical Requirements				
Are accessible parking spaces available? <i>(Accessible parking spaces must be the closest to an accessible entrance.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there an accessible ramp at the curb? <i>(Curb ramp should be the closest to an accessible entrance.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are common use entrances accessible to persons with mobility impairments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is an elevator available when needed for a client or employee? <i>(if the facility has two stories or more)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is an accessible restroom available at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Agency's Certification:

By signing this Self-Evaluation, I certify that to the best of my knowledge and belief the data included in 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.

Organization:	
Typed Name:	
Title:	
Signature: _____	Date: _____

THE CITY WILL NOT CONSIDER ANY PROPOSAL IN WHICH A SECTION 504 SELF-EVALUATION/QUESTIONNAIRE IS NOT RECEIVED BY FEBRUARY 20, 2023 at 11:59 P.M.

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

LICENSES/CERTIFICATIONS Attach any listed licenses or certifications for key program staff.

***No files uploaded*

A.4. Select an eligible CDBG activity for this proposal.

PROGRAM DESCRIPTION

B. Program Description

Provide the following information

B.1. Is this a Child Care application (agencies providing programs/services for children ages 0-12 years)?

If yes,

B.1.a. When and how often does the agency's fee schedule change?

B.1.b. Will CDBG funds be used for direct financial subsidies?

Attach a copy of the fee schedule that the agency will use for the 2023-2024 program year.

Fee Schedule

B.2. How will the requested funding result in an increase in service or an expansion of services for clients?

B.3. 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.4. 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.)?

PROGRAM DESCRIPTION

B.5. What types of direct client services will be provided through the proposed program/service?

B.6. When will the proposed program/service be provided?

B.7. What are the eligibility requirements for the proposed program/service? What documents are reviewed?

a. Attach a sample intake form or a copy of the application used to determine client eligibility.

Intake Process

PROGRAM DESCRIPTION

B.8. City grant funds will not support 100% of the proposed program or service. Of the total program budget, what amount will the City grant funds represent if funding is awarded?

B.9. What percent will the City grant funds represent if funding is awarded?

B.10. How many unduplicated (first-time) clients did this program serve during the previous program year (October 1, 2021 - September 30, 2022)?

B.11. How many unduplicated clients will be served by this program during the current program year (October 1, 2022 - September 30, 2023)?

B.12. How many unduplicated clients will be served by this program during the upcoming program year (October 1, 2023 - September 30, 2024)?

PROGRAM DESCRIPTION

B.13. Will the proposed program/service serve clients who live outside Fort Worth city limits?

B.14. 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.

BOARD COMPOSITION

C. Board Composition

Provide the following information

**C.1. What is the total number of authorized positions for the applicant's Board of Directors or governing body?
How many filled positions? How many vacant positions?**

Name	Race	Ethnicity (Hispanic/ Non-Hispanic)	Gender (M/F/Trans/ Non-Binary)	Employer	Occupation	Council District
------	------	--	--------------------------------------	----------	------------	---------------------

C.2. Does the applicant have a Board outreach plan or policy?

C.3. Does the Board outreach plan or policy document any outreach efforts to increase diversity?

C.4. What measures, if any, has the applicant taken to promote Board diversity (racial/ethnic, gender, geographic, occupational, etc.)?

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. What is the community need addressed by the proposed program/service? Provide data to support the need.

D.3. How does the proposed program/service address the need?

D.4. What is the estimated cost per client for the proposed program/service?

AGENCY EXPERIENCE

D.5. Complete the table below, provide calculations documenting the cost determination for the proposed program.

Cost per Client Calculation Table

Activity/Description	(A) Total Estimated Cost	(B) # of clients to be served	(A/B) Estimated Cost per client

D.7. Complete the below table if requesting grant funds for salaries. Attach the job description for each position identified in the worksheet below.

Salary Justification Table

Position/Title to be Funded	Full Time or Part Time	Name	Annual Salary Rate	Percentage charged to Grant (%)	Cost to Grant

D.8. Provide a justification for each position charged to the grant, including roles and responsibilities related to the proposed program.

JOB DESCRIPTIONS Attach job descriptions for each position to be charged partially or fully to the grant.

FINANCIAL CAPACITY/LEVERAGING

E. Financial Capacity/Leveraging

Provide the following information

E.1. If the program/service is partially funded or not funded, will the program/service still be provided?

If so, what impact will it have on the number of people to be served and/or the level of service provided? If not, why?

E.2. Does the applicant have any sources of leveraged or required matching funds? If so, complete the below table including the sources, type, amount, and documentation verifying these funds.

Funding Source	Amount	Funding Type

If the agency has any leverage funds, provide supporting documentation (i.e., award letters, grant agreements, donation receipts, etc.).

Leveraged Funds

If not, provide an explanation describing any efforts, if any, to seek leveraging or matching funds.

FINANCIAL CAPACITY/LEVERAGING

E.3. Financial Capacity Table

Using the table below, provide the agency's combined beginning and ending monthly balances for the operating account to be used to pay program operational expenses, and the agency's total monthly expenses for the months of January 2022 through December 2022. Attach supporting information to include bank letter(s), bank statement(s), lines of credit, or similar documentation on any other unrestricted accounts that can be accessed to pay program operational expenses.

Month/Year	Beginning Balance	Ending Balance	Total Expenses
Jan 2022			
Feb 2022			
Mar 2022			
Apr 2022			
May 2022			
Jun 2022			
Jul 2022			
Aug 2022			
Sep 2022			
Oct 2022			
Nov 2022			
Dec 2022			

E.4. Complete the [CDBG Annual Program Budget and Funds Requested](#) and upload below.

Annual Program Budget and Funds Request ***Required**

E.5. Provide a Budget Narrative explaining how the grant dollars will be used.

COMPLIANCE AND AUDITING

F. Compliance and Auditing

Provide the following information|

F.1. During the past three grant years (October 1, 2019 - September 30, 2022), has the agency received any federal or state grant funds?

F.2. During the past three grant years (October 1, 2019 - September 30, 2022), has the agency been monitored or audited by any of the awarding agencies of federal or state grant funds it administers? If so, were there any findings or concerns? Provide the monitoring or review letters and any responses from the agency.

F.3. During the past three grant years (October 1, 2019 – September 30, 2022), has the agency had an external audit? If so, were there any findings or concerns? Provide the most recently conducted audit review or financial statement review.

AUDIT REVIEW/FINANCIAL STATEMENT REVIEW: Attach a copy of the most recently conducted program audit and/or financial statement review. If unavailable, provide an explanation.

SUPPORTING DOCUMENTS

G. Supporting Documents

Provide the following information

[CDBG Grant Specific Questionnaire](#)

Documentation

- Organizational Chart:** Attach an organization chart of key program staff (i.e. supervisors, caseworkers, etc.) whose salary will be charged partially or fully to the grant. ***Required**

- RESUMES** Attach resumes of key program staff (i.e., supervisors, caseworkers, etc.) whose salary will be paid partially or fully by the grant. Resumes should describe years of experience, special training, licenses, or certifications. ***Required**

- ANNUAL ORGANIZATION BUDGET** Applicants are required to submit a copy of the Annual Budget for their organization. The City of Fort Worth does not require a specific format. ***Required**

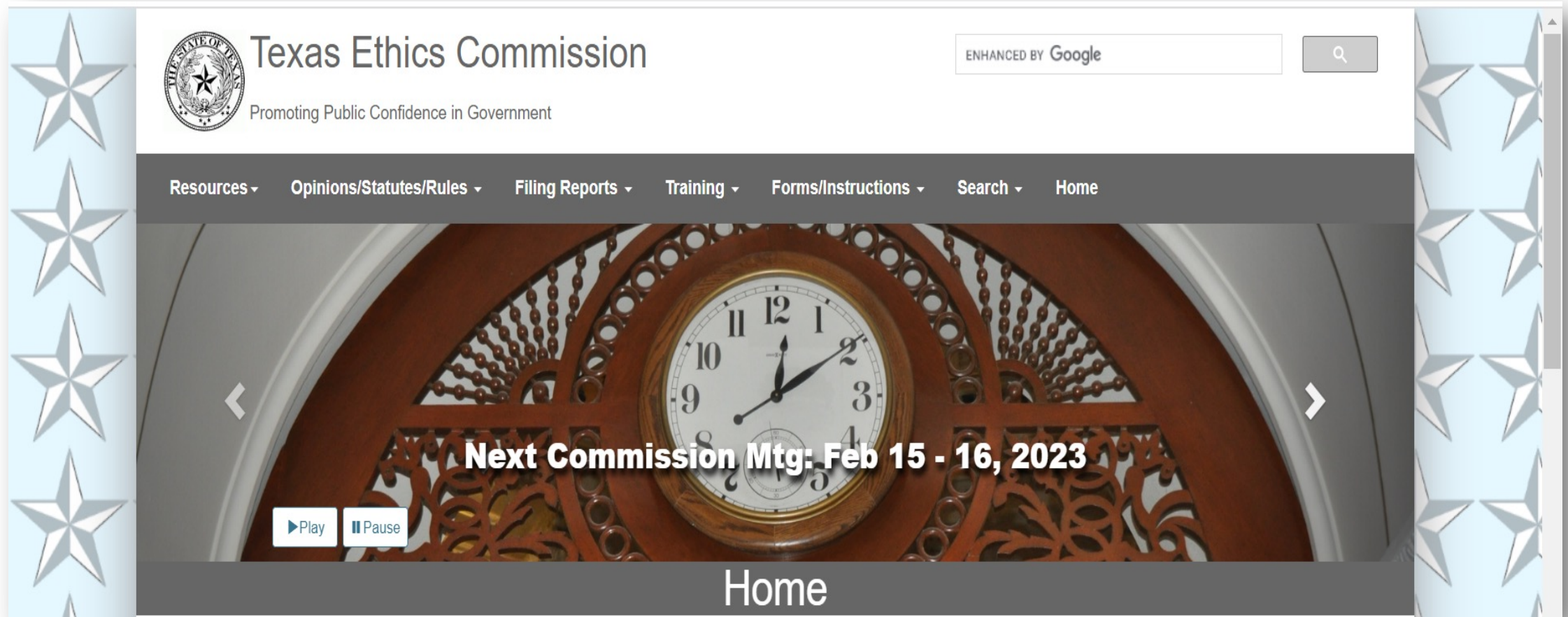
SUPPORTING DOCUMENTS

- PERFORMANCE/FINANCIAL REPORTS If the applicant prepares standard performance reports or client tracking reports for the proposed program/service, provide a sample.
- Form 990: Attach a copy of the most recently submitted Form 990
- Form 1295 – Certificate of Interested Parties: Visit the Texas Ethics Commission website at <http://www.ethics.state.tx.us/filinginfo/1295/> to complete this form. Applicants contracting with a governmental entity are required to submit a disclosure of interested parties. [CERTIFICATE ID NUMBER: NSD23-001] ***Required**
- Agency Official Logo
- Agency Program Pictures Include 1-3 recent pictures demonstrating program/service activities; to be included in City presentations, brochures, and documents
- Additional Documents applicable to the program
- CDBG Grant Specific Questionnaire ***Required**

SUPPORTING DOCUMENTS

Form 1295

<https://www.ethics.state.tx.us/>



The screenshot shows the Texas Ethics Commission website. At the top left is the state seal and the text "Texas Ethics Commission" with the tagline "Promoting Public Confidence in Government". To the right is a search bar with the text "ENHANCED BY Google". Below this is a navigation menu with items: Resources, Opinions/Statutes/Rules, Filing Reports, Training, Forms/Instructions, Search, and Home. The main content area features a large image of a clock face set within an ornate, arched wooden frame. Overlaid on the bottom of this image is the text "Next Commission Mtg: Feb 15 - 16, 2023". At the bottom of the page is a "Home" button. On the left and right sides of the page, there are vertical decorative bars with a repeating star pattern.

SUPPORTING DOCUMENTS

Form 1295

Quick Help

To Be Rescheduled! Campaign Finance Training for Legislators is being rescheduled due to the inclement weather. Watch this space for the new date and time. Preview the [agenda](#).

LOGIN to Electronic Filing Application

Upcoming Deadlines

Filing Schedules

Enforcement & Compliance

Commission Meetings

Customer Satisfaction Survey

Job Opportunities

Calendar

88th Legislature Bill Tracking

About Us

I want to ...



File a Report



Know When My Report is Due



Campaign in Texas



Lobby in Texas



Start or Dissolve a PAC



Find a Common Form

SUPPORTING DOCUMENTS

Form 1295



Texas Ethics Commission

Promoting Public Confidence in Government

ENHANCED BY Google



- Resources ▾
- Opinions/Statutes/Rules ▾
- Filing Reports ▾
- Training ▾
- Forms/Instructions ▾
- Search ▾
- Home



[Filing a Report with Texas Ethics Commission](#)

[Filing a Report Locally](#)

[Filing a Corrected Report](#)

[Filing a 1295 Certificate](#)

Filing a 1295 Certificate

[Filing a 1295 Report as a Business with a Government Agency Contract](#)

[Acknowledging a 1295 Certificate as a Government Agency](#)



SUPPORTING DOCUMENTS

Form 1295

▶ Play || Pause

Filing Reports Form 1295 Certificate of Interested Parties

Electronic Filing Application

Laws & Regulations

Forms & Instructions

Electronic Filing Application

A governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties. If you are the business entity that is completing the form, you are a filer type **CERT-BUS**. If you are the governmental entity or state agency that received the signed contract and wish to acknowledge it, you are a filer type **CERT-GOV**.

To use the electronic filing application, you must setup a filer id/account. This filer id is your selected email address. All password tokens are sent to this address. Go to the [Login Page](#) and click on "Click here if you don't have a user ID" in order to create your filer account.

If you already have a 1295 account, use **LOGIN** below to access your account.

If you don't remember your password, you can go to the [Login page](#) and click on "Forgot Password?" in order to reset your password. **Your filer id is your email address**. An email will be sent to you with a token that is used to change your password.

Minimum Browser Requirements

LOGIN to the Application

SUPPORTING DOCUMENTS

Form 1295


[HOME](#)

Welcome to the Texas Ethics Commission


ELECTRONIC FILING APPLICATION

Choose Your


FILING AUTHORITY



Texas Ethics Commission



Local Authority



Form 1295 Filings

Who must file Form 1295 Certificate of Interested Parties: Business entities and governmental entities and state agencies that plan to enter into certain contracts that require disclosure of interested parties per section 2252.908 of the Government Code.

SUPPORTING DOCUMENTS

Form 1295

Texas Ethics Commission

ELECTRONIC FILING APPLICATION

Form 1295 Certificate of Interested Parties Filer Login

You must log in to proceed. Enter your login information below and press **Login**.


Email:

[Click here if you don't have a user ID](#)

Password:

[Forgot Password?](#)

Select User Type: *


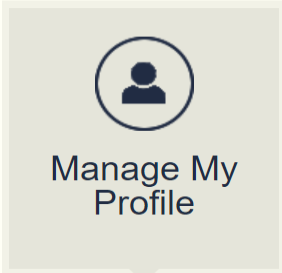
 Login

SUPPORTING DOCUMENTS

Form 1295

TEXAS ETHICS COMMISSION


What do you want to
DO TODAY?

Manage My 1295 Forms Manage My Profile



TEXAS ETHICS COMMISSION

 [What is this?](#)

In-Progress Certificates

Contract ID # ↕	Governmental Agency ↕
<input type="text"/>	<input type="text"/>



SUPPORTING DOCUMENTS

Form 1295

TEXAS ETHICS COMMISSION

Business Name *

City *

State *

Country *

Who is the contract with? * State Agency Other Governmental Entity

Agency/Entity Name *

Contract ID Number * [What is this?](#)

Description of Services, Goods, or Other Property to be provided *

Check this box if there are no interested parties

SUPPORTING DOCUMENTS

Form 1295

TEXAS ETHICS COMMISSION

I swear, or affirm, under penalty of Perjury that the information provided is true and correct.

Name of Authorized Agent of Contracting Business Agency *

Sharon A. Burkley

Name of person submitting form if different from Authorized Agent

Back

Cancel

Submit

View PDF 

TEXAS ETHICS COMMISSION

Certificate of Interested Parties - Submitted

Submitted on Thu Feb 02 01:02:24 CST 2023

Unique Certificate Identifier: 2023-978682

Home

Print 



SUPPORTING DOCUMENTS

Form 1295

CERTIFICATE OF INTERESTED PARTIES		FORM 1295																						
		1 of 1																						
<small>Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.</small>		OFFICE USE ONLY																						
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Kingdom Way Business Services Fort Worth, TX United States		CERTIFICATION OF FILING Certificate Number: 2023-978682 Date Filed: 02/02/2023 Date Acknowledged:																						
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Fort Worth																								
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. NSD23-001 Public Services - CDBG																								
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)																					
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 2px;">Controlling</th> <th style="width: 50%; padding: 2px;">Intermediary</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	Controlling	Intermediary																			
Controlling	Intermediary																							
5 Check only if there is NO Interested Party. <input checked="" type="checkbox"/>																								
6 UNSWORN DECLARATION My name is _____, and my date of birth is _____. My address is _____, _____, _____, _____, _____. <small style="margin-left: 100px;">(street)</small> <small style="margin-left: 150px;">(city)</small> <small style="margin-left: 100px;">(state)</small> <small style="margin-left: 100px;">(zip code)</small> <small style="margin-left: 100px;">(country)</small> I declare under penalty of perjury that the foregoing is true and correct. Executed in _____ County, State of _____, on the ____ day of _____, 20____. <small style="margin-left: 100px;">(month)</small> <small style="margin-left: 100px;">(year)</small> <div style="text-align: right; margin-right: 50px;"> _____ <small>Signature of authorized agent of contracting business entity (Declarant)</small> </div>																								

Submission of Proposal

Per the published 2023-2024 PSA RFP document, starting on Page 5:

- Facsimile transmittals **will not** be accepted or considered. Proposal information that is not submitted in Neighborly Software **will not** be considered.
 - *Computers at branches of the City of Fort Worth Library are available to proposers that do not have internet access.*
- **Pre-Application Questionnaire must be submitted in Neighborly Software no later than Monday, February 20, 2023 at 11:59 P.M.**
- **Full Proposals must be submitted in Neighborly Software no later than Wednesday, March 15, 2023 at 11:59 P.M.**
- The following shall be completed in Neighborly Software:
 - A complete version of the narrative responses in the **Application Questions** section;
 - A complete version of the **fillable forms** in the Required Attachments section;
 - A complete version of all **tables** in the Required Worksheets section; and
 - A scan of all the required **supporting documents referenced** in the proposal instructions and narratives, **in PDF format.**

Submission of Proposal

- **Completion of Responses**
 - Responses shall be completed in accordance with the requirements of this RFP.
 - Statements made by a proposer shall be without ambiguity, and with adequate elaboration, where necessary, for clear understanding.
- **Clarifications & Issuance of Addenda**
 - Any explanation, clarification, or interpretation desired by a proposer regarding any part of this RFP must be requested from Community Development Planning Manager Sharon Burkley **no later than Friday, February 17, 2023 at 11:59 P.M.**
 - Contact information for Ms. Burkley is provided at the beginning of the RFP document as well as at the end of this presentation.
 - **Responses to all questions will be published by close of business on Monday, February 27, 2023** on the City of Fort Worth Neighborhood Services Department website, which can be found at <https://www.fortworthtexas.gov/departments/neighborhoods/services/grants>
 - Any changes to the RFP will be communicated to all potential applicants. Any addenda issued shall require the applicant to acknowledge receipt of all addenda within their responses.

Summary Disqualification

- Failure to attend a Pre-Proposal Conference
- Failure to submit Pre-Application Questionnaire **and** Section 504 Self-Evaluation Questionnaire by **11:59 p.m. on February 20, 2023.**
- 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

Helpful Links

OMB cost eligibility evaluation criteria is available at: <https://www.govinfo.gov/app/details/CFR-2014-title2-vol1/CFR-2014-title2-vol1-part200>

Program-specific requirements for eligibility of expenditures and participants can be found at the following websites:

CDBG: <https://www.hudexchange.info/programs/cdbg-entitlement/>

ESG: <https://www.hudexchange.info/programs/esg>

HOPWA: <https://www.hudexchange.info/programs/hopwa>

“Low/moderate income persons” means individuals with incomes at or below 80% of the Area Median Income (AMI) according to current HUD limits available at:

<http://www.huduser.org/portal/datasets/il.html>

Age-Friendly Fort Worth Plan: <https://www.fortworthtexas.gov/government/mayor/age-friendly/age-friendly-fort-worth>

Fort Worth Literacy Partnership: <https://readfortworth.org/>

Fort Worth Directions Home: <https://www.fortworthtexas.gov/departments/neighborhoods/directions-home>

Scoring Criteria

Luz Earley, Management Analyst



Evaluation Factors

Evaluation Factor	Points
Organizational Capacity & Experience	20
Project Information	10
Project Results	15
Fiscal Capacity	30
Program Compliance	25
Total	100

Evaluation Factors

Organizational Capacity & Experience (20 pts.)

General experience providing public services (5 pts.)

Experience with grants management/City of Fort Worth (10 pts.)

Detailed plan to collect and utilize feedback from clients and community (5 pts.)

Project Information (10 pts.)

Proposal identifies the population/area served and program location (5 pts.)

Proposal describes the need for program, services provided and schedule of work (5 pts.)

Evaluation Factors

Project Results (15 pts.)

Clear description of how program qualifies as an eligible activity(10 pts.)

Clearly defined program objectives that focus on results and measurable outcomes (5 pts.)

Fiscal Capacity (30 pts.)

Clear plan for continuation of program without grant funds, including identification of funding sources that will replace grant funds (5 pts.)

Applicant maximizes financial, staff and volunteer resources and in-kind donations to provide services to clients; documented leveraged resources. (10 pts.)

Financial Sustainability/Capacity (15 pts.)

Evaluation Factors

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.)

If not previously funded within the past three years: Applicant has performed well in managing grants from other funders for the program or a similar program
(10 pts.)

Applicant has administrative and financial capacity to implement/continue proposed project/activity.
(15 pts.)

Neighborhoodly Software Overview

Luz Earley, Management Analyst



WHAT IS NEIGHBORLY?

Neighborly Software is a purpose driven company that provides a cloud based **software** solution to improve the administrative efficiency and regulatory compliance of Housing, Economic and Community Development programs.



"Neighborly Software's brand promise is "Helping Communities, Help People." It embodies who we are, what we believe, and what we stand for."

Jason Rusnak

Co-Founder

BENEFITS OF NEIGHBORLY

- > Apply for public service grant
- > Complete accomplishment reports
- > Manage/track budget and make Draw requests

SUB-RECIPIENTS



NEIGHBORLY SOFTWARE APPLICATION PROCESS

STEP 1: ACCESS PARTICIPANT PORTAL

- ☞ Go to City of Fort Worth Neighborly Software Participant Portal
<https://portal.neighborlysoftware.com/fortworthtx/Participant>
- ☞ Click on the link

NEIGHBORLY SOFTWARE APPLICATION PROCESS

STEP 2: REGISTER ACCOUNT



Welcome to City of Fort Worth
Neighborhood Services
Participant Portal

New users must first register their account
before signing in to the portal

Sign In

Register

Email Address

Re-enter Email Address

First Name

Last Name


Password

Re-enter Password

Continue

NEIGHBORLY SOFTWARE APPLICATION PROCESS

STEP 3: CONFIRM EMAIL ACCOUNT

City of Fort Worth Neighborhood Services: Please confirm your account  Inbox x

Neighborly Software <no-reply@neighborlysoftware.com>

to me ▾

Thank you for registering your account with City of Fort Worth Neighborhood Services. Please confirm your account by [clicking here](#).

Note: The confirmation link above will expire after use. To log back into the site after confirmation, please bookmark this link: <https://https://portal.neighborlysoftware.com/FORTWORTHTX/participant/login>

If you are unable to use the confirmation link above, you can copy and paste this link into your browser: <https://prod-01.neighborlysoftware.com/fortworthtx/participant/Account/ConfirmEmail?userId=5fed64b5-99a3-4fd0-a08c-7ad31c7d5c68&code=XTsih11FRReRMbQmu9SHvYgAb7qfnu3b5ttMQ6idSywKialSg8M3VvVEPEhZ4tAhZNPfs7%2FEyXk6ez%2FuYtz%2FZBx34rnAwx%2Bh5SBoe5Wwg4Ty80JzsJbF7WboN54tWVpHNIZ74qUIFcBoaSB%2BmlUxQMr3Nggg%2BMhwutIG%2BVQwUKHHuehQ2UAYEuY2YoNEjPvbl>

If you did not register this account or believe you have received this email in error, please contact support@neighborlysoftware.com.

NEIGHBORLY SOFTWARE APPLICATION PROCESS

STEP 3: CONFIRM EMAIL ACCOUNT

Welcome back!

Thank you for confirming your email. Please log
in to continue.



[Click here to log in](#)

STEP 4: SIGN IN



Welcome to City of Fort Worth
Neighborhood Services
Participant Portal

New users must first register their account
before signing in to the portal

Sign In

Register

Email Address

Sharon.Burkley@fortworthtexas.gov

Password

.....



Remember my email address

Sign In

[Forgot your Password?](#)

STEP 5: START APPLICATION

Good Evening, Sharon!



Welcome to the City of Fort Worth Neighborhood Services Portal

The City of Fort Worth is committed to accessibility for all applicants. If you require this material in an alternate format, please 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
CDBG	Select this option if you are a nonprofit or social service organization seeking to apply for CDBG funding to provide public services to low-to-moderate income Fort Worth residents. For questions regarding this application, contact Sharon Burkley, Community Development Planning Manager at (817) 392-5785 or Sharon.Burkley@fortworthtexas.gov	Click here to start a new application
ESG	Select this option if you are a nonprofit organization or social service agency interested in applying for the Emergency Solutions Grant (ESG) Program. For questions regarding this program, please contact Sharon Burkley, Community Development Planning Manager at (817) 392-5785 or at Sharon.Burkley@fortworthtexas.gov	Click here to start a new application
HOPWA	Select this option if you are a nonprofit organization or social service agency interested in applying for the Housing Opportunities for Persons with AIDS (HOPWA) Program. For questions regarding this program, contact Sharon Burkley, Community Development Planning Manager at (817) 392-5785 or Sharon.Burkley@fortworthtexas.gov.	Click here to start a new application



STEP 5: ENTER AGENCY NAME

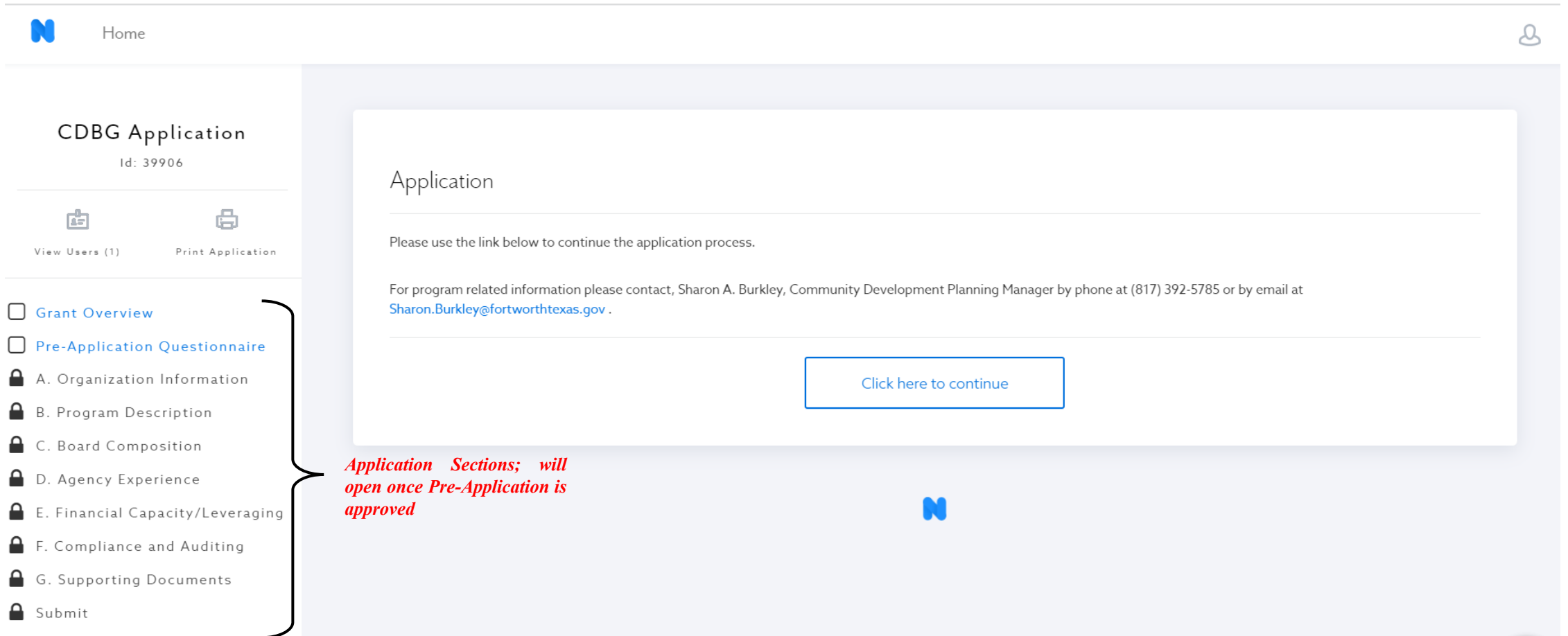
NEW APPLICATION FOR PUBLIC SERVICE AGENCIES



Please provide a name for the application

Start Application

STEP 6: BEGIN APPLICATION



The screenshot shows a web application interface for a CDBG application. At the top left is a blue 'N' logo and the text 'Home'. At the top right is a user profile icon. The main content area is titled 'CDBG Application' with 'Id: 39906' below it. There are two buttons: 'View Users (1)' and 'Print Application'. A sidebar on the left contains a list of application sections: 'Grant Overview' (unchecked), 'Pre-Application Questionnaire' (unchecked), and sections A through G (all locked), followed by 'Submit' (locked). A large white box in the center contains the text 'Application' and instructions to use a link to continue the process. The link is 'Click here to continue'. A red note at the bottom of the sidebar indicates that sections A through G will only be available after the pre-application is approved.

Home

CDBG Application

Id: 39906

[View Users \(1\)](#) [Print Application](#)

- [Grant Overview](#)
- [Pre-Application Questionnaire](#)
- A. Organization Information
- B. Program Description
- C. Board Composition
- D. Agency Experience
- E. Financial Capacity/Leveraging
- F. Compliance and Auditing
- G. Supporting Documents
- Submit

Application

Please use the link below to continue the application process.

For program related information please contact, Sharon A. Burkley, Community Development Planning Manager by phone at (817) 392-5785 or by email at Sharon.Burkley@fortworthtexas.gov.

[Click here to continue](#)

Application Sections; will open once Pre-Application is approved

TECHNICAL ASSISTANCE

CDBG

Select this option if you are a nonprofit or social service organization seeking to apply for CDBG funding to provide public services to low-to-moderate income Fort Worth residents. For questions regarding this application, contact Sharon Burkley, Community Development Planning Manager at (817) 392-5785 or Sharon.Burkley@fortworthtexas.gov

[Click here to start a new application](#)

ESG

Select this option if you are a nonprofit organization or social service agency interested in applying for the Emergency Solutions Grant (ESG) Program. For questions regarding this program, please contact Sharon Burkley, Community Development Planning Manager at (817) 392-5785 or at Sharon.Burkley@fortworthtexas.gov

[Click here to start a new application](#)

HOPWA

Select this option if you are a nonprofit organization or social service agency interested in applying for the Housing Opportunities for Persons with AIDS (HOPWA) Program. For questions regarding this program, contact Sharon Burkley, Community Development Planning Manager at (817) 392-5785 or Sharon.Burkley@fortworthtexas.gov.

[Click here to start a new application](#)

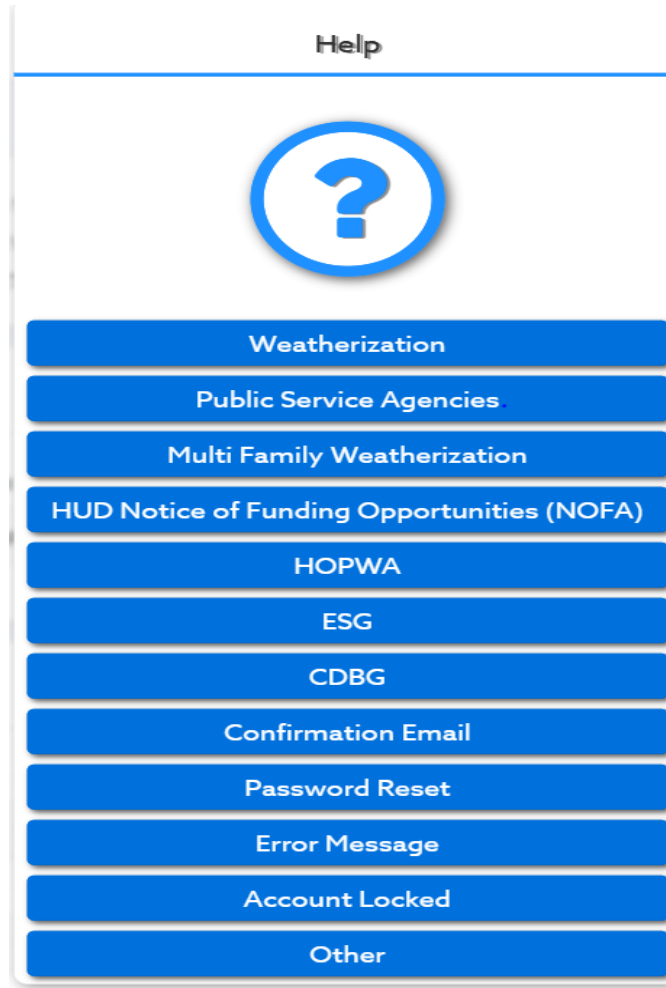


*Click on ? Button for
HELP*

TECHNICAL ASSISTANCE

General Questions:
Luz Earley, Management Analyst
Luz.Earley@fortworthtexas.gov

Technical Questions:
support@neighborlysoftware.com



The screenshot shows a mobile application interface for technical assistance. At the top, the word "Help" is centered. Below it is a large blue circular icon containing a white question mark. Underneath the icon is a vertical list of ten blue buttons, each with white text. The buttons are: Weatherization, Public Service Agencies, Multi Family Weatherization, HUD Notice of Funding Opportunities (NOFA), HOPWA, ESG, CDBG, Confirmation Email, Password Reset, Error Message, Account Locked, and Other.

Help

?

Weatherization

Public Service Agencies

Multi Family Weatherization

HUD Notice of Funding Opportunities (NOFA)

HOPWA

ESG

CDBG

Confirmation Email

Password Reset

Error Message

Account Locked

Other



PSA Request For Proposal 2023-2024 Action Plan Calendar

Description	Date
PSA RFP Application Release Date	February 1, 2023
Pre-Proposal Conferences – In-Person and Virtual; Registration required <i>(MUST attend one to be considered for funding)</i>	February 6, 2023 @ 10am
	February 7, 2023 @ 6pm
	February 9, 2023 @ 1pm
Last Day to Submit Questions	February 17, 2023
Pre-Application and Section 504 Questionnaire Due	February 20, 2023
Response to Questions Posted to Website	February 27, 2023
Application Due	March 15, 2023
PSA RFP Application Overview/Public Hearing	April 12, 2023
CDC Staff Funding Recommendation Meeting/Public Hearing	May 10, 2023
Action Plan Public Hearing	July 12, 2023
City Council Approval (<i>Funds Awarded</i>)	August 8, 2023
2023-2024 Program Year Begins	October 1, 2023

QUESTIONS/COMMENTS

Additional Information/Questions

Sharon Burkley

Community Development Planning Manager

Sharon.Burkley@fortworthtexas.gov

(817) 392-5785

Thank you for coming!!!!

