

RFP #121063: 2022 CDBG Economic Assistance Checklist

To be eligible for funding, projects must be located in, or provide services to residents of one of the member communities of the Dane County Urban County Consortium (See Appendix A).

This form is the coversheet for your proposal response. Please use it to double check that your proposal is complete. Incomplete proposals may be rejected.

Please submit all forms and attachments as ONE PDF file and use the following naming convention:

RFP 121063 YOUR ORGANIZATION NAME

- Vendor Information Form
- DANE COUNTY APPLICATION FOR 2022 CDBG Economic Assistance
 - Are resumes attached?
 - Is there a complete budget

| |
|---------------------------|
| VENDOR INFORMATION |
|---------------------------|

VENDOR NAME: _____

| Vendor Information (address below will be used to confirm Local Vendor Preference) | | | |
|--|--|-----------|--|
| Address | | City | |
| State & Zip | | County | |
| Vendor Rep. Name | | Title | |
| Email | | Telephone | |

| Designation of Confidential and Proprietary Information (Reference General Guidelines 1.7) | | |
|--|-----------|-------|
| Section # | Page(s) # | Topic |
| | | |
| | | |
| | | |
| | | |
| | | |
| <input type="checkbox"/> No information designated as confidential and proprietary. | | |

| Cooperative Purchasing (Reference General Guidelines 1.8) |
|---|
| <input type="checkbox"/> I <u>agree</u> to furnish the commodities or services of this bid to municipalities and state agencies. |
| <input type="checkbox"/> I <u>do not agree</u> to furnish the commodities or services of this bid to municipalities and state agencies. |

| Local Vendor Purchasing Preference (Reference General Guidelines 1.10) | | | | | | |
|---|-----------------------------|------------------------------|-------------------------------|------------------------------------|--------------------------------|-------------------------------|
| Are you claiming a local purchasing preference under DCO 25.08(7)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Dane | <input type="checkbox"/> Columbia | <input type="checkbox"/> Sauk | <input type="checkbox"/> Rock |
| | | | | <input type="checkbox"/> Green | <input type="checkbox"/> Dodge | <input type="checkbox"/> Iowa |
| | | | | <input type="checkbox"/> Jefferson | | |

| Fair Labor Practice Certification (Reference 1.12) |
|---|
| <input type="checkbox"/> Vendor has not been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed. |
| <input type="checkbox"/> Vendor has been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed. |

| Addenda – we hereby acknowledge receipt, review and use of the following addenda, if applicable. | | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Addendum #1 | <input type="checkbox"/> Addendum #2 | <input type="checkbox"/> Addendum #3 | <input type="checkbox"/> Addendum #4 | <input type="checkbox"/> None |

| Signature Affidavit |
|--|
| <p>In signing this proposal, we certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other proposer, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposal to any other proposer or competitor; that the above statement is accurate under penalty of perjury.</p> <p>The undersigned agrees to hold the County harmless for any damages arising out of the release of any material unless they are specifically identified under the Designation of Confidential and Proprietary Information section. The undersigned, submitting this proposal, hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Proposals, and declares that the attached proposal and pricing are in conformity therewith.</p> |

Signature: _____

Title: _____

Printed Name: _____

Date: _____

DANE COUNTY APPLICATION FOR 2022 CDBG FUNDS: ECONOMIC ASSISTANCE

APPLICATION SUMMARY

| | | | |
|---|--|--|--|
| ORGANIZATION NAME | | | |
| MAILING ADDRESS <small>If P.O. Box, include Street Address on second line</small> | | | |
| TELEPHONE | | LEGAL STATUS | |
| FAX NUMBER | | <input type="checkbox"/> Municipality <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Other: LLC, LLP, Sole Proprietor Federal EIN: _____ DUNS Number: _____ | |
| NAME CHIEF ADMIN/ CONTACT | | | |
| INTERNET WEBSITE (if applicable) | | | |
| E-MAIL ADDRESS | | | |

PROJECT NAME: Please list the project for which you are applying.

| PROJECT NAME | PROJECT CONTACT PERSON | PHONE NUMBER | E-MAIL |
|--------------|------------------------|--------------|--------|
| | | | |

FUNDS REQUESTED: Please list the amount and source of funding for which you are applying.

| TOTAL PROJECT COST | AMOUNT OF CDBG FUNDS REQUESTES | PECENT OF CDBG FUNDS TO TOTAL PROJECT COST |
|--------------------|--------------------------------|--|
| \$ | \$ | \$ |

Signature of Chief Elected Official/Organization Head

Title

Printed Name

Date

PROJECT

A. **PROJECT TYPE:** Check the appropriate statement below that best describes the service to be offered as part of this application.

- 1. Business Incubator
- 2. Commercial rehabilitation.
- 3. Microenterprise development.
- 4. Public facilities.
- 5. Public infrastructure.
- 6. Other, specify:

B. **DESCRIPTION:** In the space below, provide a description of the project. Include information on any partnerships that have been or will be formed in order to ensure the success of the project. Include information on what will be accomplished in 2022.

C. **BUSINESS PLAN:** Describe the organization’s history, including activities, products, services, etc.

SECTION 6 – REQUIRED FORMS – ATTACHMENT B

- D. **PROJECT TIMELINE:** Provide a timeline for this project. Milestones may be such items as securing all financing, bidding on construction, acquiring equipment, or hiring employees. Please customize this for your project.

| Milestone | Timeline |
|-----------|----------|
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GEOGRAPHIC INFORMATION

- E. **SERVICE AREA:** In the space below, provide a brief description of the location(s) where the project or services will take place. Maps may be included as separate attachments.

- F. **URBAN COUNTY CONSORTIUM (UCC):** Jobs that are created as a result of this project must be located OUTSIDE the City of Madison. Explain specifically how the proposed project will create new jobs in the UCC, and how your organization will track the new positions to ensure that the jobs remain in the UCC for the duration of the project.

NATIONAL OBJECTIVE

G. **JOB CREATION:** In the space that follows, describe how this project is expected to create permanent jobs. Include information on the number and types of jobs to be created.

H. **JOBS TABLE:** For each job to be created and filled in the next 24 months, please list the job title, job type, whether it will be full time or part time, the number of employees to be hired, whether the position requires any special skills, training, or education beyond a high school level, the number of hours per week, the hourly wage, and whether the job will be made available to low-and-moderate income persons. Please attach additional pages as needed.

| Job title | Job Type* | Full-Time or Part Time (FT/PT) | Number of Employees to be Hired | Requires Special Training (Yes, No) | Number of Hours Per week | Number of Weeks Per Year | Hourly Wage | Job to be Made Available to LMI Person (Yes/No) |
|-----------|-----------|--------------------------------|---------------------------------|-------------------------------------|--------------------------|--------------------------|-------------|---|
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* JobType:

Officials and Managers
 Technicians
 Office and Clerical
 Operatives (Semi-Skilled)

Professional
 Operatives (Semi-Skilled)
 Sales

Service Workers
 Craft Workers (Skilled)
 Laborers

SECTION 6 – REQUIRED FORM – ATTACHMENT B

FINANCIAL INFORMATION

I. **FUNDS NEEDED:** In the space below, please describe why CDBG funds are needed to ensure the viability of this project

J. **COST BASIS:** Could this project move forward without the use of CDBG funding? Explain.

K. **OTHER SOURCES OF FUNDS LEVERAGED:** Describe the sources and amounts of any funds that will be contributed by your organization or leveraged from other sources for this project in the space below. Further identify other potential funding sources that have been contacted and the results of those contacts.

L. **FOR-PROFIT BUSINESS ENTITIES ONLY- ADDITIONAL FINANCIAL INFORMATION:** As an attachment to the application, provide financial statements (balance sheet, profit and loss statement, and cash flow statement) for the preceding 3 years, if available. Also provide 3-year projections of cash flow, income, and expenses. Include an explanation of all assumptions. Additional materials may be requested by the County prior to the Oral Presentation to the Application Review Team.

SECTION 6 – REQUIRED FORM – ATTACHMENT B

M. **SOURCES AND USES OF FUNDS:** In the chart below, identify the sources and uses of funds for this project. An Excel sheet may be used in place of the chart provided it has the same row and column headers.

| Uses of Funds | Dane County CDBG Funds | Source 2 Name: | Source 3 Name: | Total |
|----------------------------------|---------------------------|----------------|----------------|-------|
| Project Hard Costs | | | | |
| Acquisition of Land or Buildings | | | | |
| Construction/Rehab | | | | |
| Demolition | | | | |
| Site Improvements | | | | |
| Utility Costs | | | | |
| Loans to Businesses | | | | |
| Project Soft Costs | | | | |
| Feasibility Studies | | | | |
| Architect/Engineering | | | | |
| Environmental Investigations | | | | |
| Impact Fees | | | | |
| Title, Appraisal, Recording Fees | | | | |
| Other Professional Services | | | | |
| Other, | | | | |
| Project Personnel Costs | | | | |
| Relocation Costs | | | | |
| Other, | | | | |
| Total | | | | |
| Total | | | | |

SECTION 6 – REQUIRED FORM – ATTACHMENT B

PERSONNEL

N. **EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of your organization related to the proposed project.

O. **STAFF EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of key staff to be assigned to the project. Be sure to attach resumes for key staff to the application.

SECTION 6 – REQUIRED FORM – ATTACHMENT B

P. **GOVERNING BODY:** How many Board meetings has your governing body or Board of Directors scheduled or is expected to schedule for 2021? _____

Please list your current Board of Directors or your agency's governing body. Include names, addresses, primary occupation and board office held. If you have more members, please copy this page.

| | | | | | | | | |
|-------------------------------|----------------------------|--------------------------|------------------------------------|----------------------------|--------------------------|-----------------------|----------------------------|--------------------------|
| Board President's Name | | | Board Vice-President's Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |
| Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) |
| | | | | | | | | |
| Board Secretary's Name | | | Board Treasurer's Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |
| Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) |
| | | | | | | | | |
| Name | | | Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |
| Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) |
| | | | | | | | | |
| Name | | | Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |

SECTION 6 – REQUIRED FORM – ATTACHMENT B

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|-----------------------|----------------------------|--------------------------|-----------------------|----------------------------|--------------------------|-----------------------|----------------------------|--------------------------|
| Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) |
| Name | | | Name | | | Name | | |
| Home Address | | | Home Address | | | Home Address | | |
| Occupation | | | Occupation | | | Occupation | | |
| Representing | | | Representing | | | Representing | | |
| Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) | Term of Office | From: (DD/MM/YY) | To: (DD/MM/YY) |
| | | | | | | | | |

LEGAL INFORMATION

| Statement | Yes | No |
|--|--------------------------|--------------------------|
| Has the applicant or any owner been involved in any lawsuits or judgments in the last five (5) years or have any lawsuits pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the applicant or any owner been involved in any bankruptcy or insolvency proceedings or have any proceedings pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the applicant or owner had any civil or criminal charges in the last five (5) years or have any charges pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant or any owner have any outstanding tax liens or judgments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the property tax delinquent? | <input type="checkbox"/> | <input type="checkbox"/> |