City of Des Moines, Iowa

Neighborhood Services Department

602 Robert D. Ray Drive, Des Moines, IA 50309 | Fall 2020

REQUEST FOR INTEREST AND QUALIFICATIONS

Contracted Services for Childcare and/or Mental Health Services or Facilities in response to COVID-19 Pandemic



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# Schedule

* Issuance of Request for Interest and Qualifications: October 19, 2020
* Requests for Clarifications Due: November 5, 2020, 3:00 p.m.
* Responses to Clarifications: November 12, 2020, 3:00 p.m.
* Proposals Due: November 25, 2020, 10:30 a.m.
* Committee Review and Determinations: November 30-December 9, 2020
* City Council Approval and Authorization of Contracts: December 21, 2020
* Funds fully expended: June 30, 2023

# Preface

## City of Des Moines

The City of Des Moines, Iowa was first incorporated as a town in 1851 and as a city in 1857 under the laws of the State of Iowa, later amended in July 1975 under the Home Rule Act. The City operates under the Council-Manager form of government. The Mayor and two council members are elected at-large while the four remaining council members are elected to represent each of the four wards into which the City is divided. The elections are non-partisan for overlapping terms of four years.

## Neighborhood Services Department

The Neighborhood Services Department is a new city department as of 2020. Many of its functions were previously part of the Community Development Department, which has now been restructured into two entities—1) Neighborhood Services Department and 2) Development Services Department.

The Neighborhood Services Department’s duties include assisting with the Invest DSM revitalization initiative, implementation of property improvement guidelines, and increased efforts related to affordable and workforce housing. This department will retain traditional neighborhood initiatives including rental inspections, code enforcement, low-rent housing, federal fund distribution, and other supportive neighborhood services.

## Community Development Block Grant Funds

As an entitlement community, the City of Des Moines receives annual allocations of Community Development Block Grant (CDBG) funds, a program authorized under Title I of the Housing and Community Development Act of 1974, as amended. CDBG funds promote viable urban communities through a variety of activities including decent housing, public services, public facility updates, and economic opportunities. These activities must primarily serve low- and moderate-income persons, households, or areas. The city administers its CDBG funds on behalf of the US Department of Housing and Urban Development (HUD). The rules and regulations of the CDBG program can be found at Title 24 in the Code of Federal Regulations (CFR) in Part 570.

## COVID-19 Pandemic Funding Response

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into Public Law 116-136, which provides additional Community Development Block Grant (CDBG-CV) and Emergency Solutions Grant (ESG-CV) funding to prepare, prevent, and respond to coronavirus. As of October 14, 2020, there have been three rounds of either CDBG-CV or ESG-CV funds announced by HUD.

On May 11, 2020, HUD announced the availability of a second round of $1 billion in CDBG-CV funds directly allocated to states. HUD allocated $9,529,120 in CDBG-CV funds to the State of Iowa to be administered by Iowa Economic Development Authority (IEDA). IEDA chose to fund entitlement communities and has proposed an allocation of $1,951,677 CDBG-CV funds to the City of Des Moines.

On September 15, 2020, the City of Des Moines submitted a proposal regarding the allocation uses to IEDA. Within the proposal, the city identified housing, mental health, and childcare as its priorities.

## Available Funding

The City of Des Moines has reserved $500,000 for childcare services or facilities and another $500,000 for mental health services or facilities.

## Need for Funding

Per the Center for American Progress, childcare programs across the country are suffering as a result of the stay-at-home orders due to COVID-19. The Center for American Progress estimates that the country could lose half of its licensed childcare capacity without government intervention.

Need for mental health services has been shown by 211 data provided by United Way. In Polk County, calls requesting assistance for mental health services have been 50% higher on average since March 2020 when the public health emergency was declared locally and nationally, compared to calls in 2019 for mental health services, with a spike of 167% increase in May 2020 compared to May 2019.

## Summary

In conclusion, this RFI is designed to provide interested parties who need additional funding for childcare and/or mental health services or facilities with sufficient information to submit their request for CDBG-CV funding. From the list of interested, qualified proposers, the city may select one or more organizations to receive funding.

Please note, of the listed priorities mentioned previously, housing assistance is being administered by IMPACT Community Action Agency. This RFI is for childcare or mental health services; **housing does not have to be a component of your program.**

# RFI Submission Instructions

All interested proposers shall submit qualifications and responses to the following questions. You may submit a proposal in your preferred format as long as questions and requirements are addressed.

Proposers wishing to submit requests for clarifications should contact Lisa Crabbs via e-mail at lmcrabbs@dmgov.org no later than 3:00 p.m., November 5, 2020. Responses to requests for clarifications will be submitted electronically via an addendum no later than 3:00 p.m., November 12, 2020.

**Please submit your full proposal no later than 10:30 a.m., Wednesday, November 25, 2020** to:

City of Des Moines

Attn: Lisa Crabbs

602 Robert D. Ray Drive

Des Moines, Iowa 50309

Email: [lmcrabbs@dmgov.org](mailto:lmcrabbs@dmgov.org)

Submissions may be electronic or hard copy. Note that city offices are closed to the public, and hard copy submissions or drop off will have to be arranged in advance. All submissions will be sent an email confirmation of acceptance by noon on November 25, 2020. If you do not receive an acknowledgement that the city has received your proposal by noon on November 25, please email [lmcrabbs@dmgov.org](mailto:lmcrabbs@dmgov.org) for confirmation.

# Funding Threshold Requirements

**If you answer “no” to any of the following questions, your proposed program or activity is ineligible for CDBG-CV funding.**

1. Does your program address either childcare or mental health?

If yes, please indicate which one (both may be selected if applicable):

Childcare

Mental health

1. Is your program **either** 1) a new service/facility **or** 2) an expansion of services/facility to prepare, prevent, or respond to coronavirus?

If yes, please indicate which one:

New service or facility to prepare, prevent, or respond to coronavirus

An expansion of a current service or facility to prepare, prevent, or respond to coronavirus

1. Will the majority of your families, households, clients, or people served within a geographic area be considered low- or moderate-income (LMI)?

*“Low- or moderate-income” means persons earning below 80% of the Area Median Income (AMI) by household size. Current income limits by household size are below for reference.*

|  |  |
| --- | --- |
| Number of Persons  in Household | Maximum Annual Gross Income to be considered Low- or Moderate-Income (LMI) |
| 1 | $49,950 |
| 2 | $57,100 |
| 3 | $64,250 |
| 4 | $71,350 |
| 5 | $77,100 |
| 6 | $82,800 |
| 7 | $88,500 |
| 8 | $94,200 |

1. Will your services or facility where CDBG-CV funds will be used be located within the City of Des Moines?
2. Will you be able to expend all CDBG-CV funds by June 30, 2023?
3. Are you a legal entity registered with the Iowa Secretary of State?

# General Information

Please indicate the following.

1. Organization’s legal name, address, and primary contact’s information
2. Site address of services or facility if different from above
3. Name and title of person authorized to execute contracts
4. Tax ID/EIN
5. DUNS number

# Program Need and Design

Please indicate the following.

1. Quick description of program (1-3 sentences) that can be used for publications or to communicate easily with the public.
2. Why is your specific program needed?
3. Who will you target (examples are low-income families in a certain neighborhood or service area, homeless youth, abused children, adults with physical or mental disabilities). Include:
   1. Total number of people or households that would be served;
   2. Include a percentage of those expected to be low-income;
   3. How you will determine if those served are low-income (e.g. presumed based on service area demographics, income verifications of clients); and
   4. Why is this population your target demographic?
4. Geographic location of services or facility and service area.
5. Are there other services your organization will provide besides childcare or mental health, such as transportation, temporary or permanent housing, or education?
6. Who are your community partners and what are their responsibilities?
7. Will the funding involve any physical improvements or construction to a facility? If yes, please include information on the following:
   1. Type of project (e.g. new construction, adaptive reuse, rehabilitation) and list of improvements to be made;
   2. Construction timeline including proposed start date, major milestones, completion date, and start of operations; and
   3. Known environmental hazards such as lead-based paint, asbestos, mold, etc.
8. Any other relevant information?

# Budget

Please indicate a high-level budget, outlining:

1. Total program or improvement costs
2. CDBG-CV request from the City of Des Moines
3. Other funding sources if there is a gap between the CDBG-CV request and total program costs
4. Timeline of how funds will be drawn down and fully expended by June 30, 2023

# Proposer’s Experience and Qualifications

Please indicate your qualifications below.

1. Indicate your history and experience with childcare or mental health services, as applicable to your proposal.
2. What is your direct experience working with HUD or other federally funded programs?
3. Do you have an accessible office with standard office hours? If so, what are the hours? If not, how will clients access your services or facility?
4. Do you have standard phone hours and respond to callers within one business day?
5. Please submit résumés of key staff.

# Certifications and Signature

Please either check or initial next to each statement before submitting.

I, as a representative of my organization, understand I will be required to submit a work program, as included on Appendix A, before the City of Des Moines signs a contract with my organization.

I understand I will be required to submit supporting documentation, as included on Appendix B, before the City of Des Moines signs a contract with my organization.

I understand the CDBG-CV funding, if awarded, must be fully expended by June 30, 2023.

I understand the proposed service or facility must serve primarily low- and moderate-income persons, households, or areas.

I understand our organization will have to submit quarterly reports and updates to City of Des Moines staff.

I understand CDBG-CV grants funds are on a reimbursement basis, and we will have to submit supporting documentation, such as receipts or billing statements, to be reimbursed for CDBG-eligible expenditures.

Signed: Name, Title and Organization, Date

Below is the work program information required to complete the contracting or agreement process. By submitting a proposal to the City of Des Moines for CDBG-CV funds, you are agreeing to complete a work program, which may contain duplicate questions as the RFI, if awarded funding.

|  |  |
| --- | --- |
| **Operating Agency:** |  |
| **Address:** |  |
| **Contact Person:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **E-Mail:** |  |
| **Office Hours:** |  |
| **Type of Agency:** |  |
| **Contract Period:** | 01/01/2021-6/30/2023 |

**Proposed Activity**

|  |  |  |
| --- | --- | --- |
| **Title:** |  | |
| **Location of Services:** |  | |
| **Will Activity Generate Program Income?** | No | |
| **Proposed Number Served/ Completed:** |  | |
| **NOFA:** October 2020 | **Status:** | **Prior Year Allocation: $**N/A |

**Activity Description**

|  |
| --- |
|  |

**Activity Funding Request**

|  |  |  |
| --- | --- | --- |
|  | **Program Year 2021** | **Total Amount Requested** |
| **Total City Amount Requested:** | $ | $ |
| **Estimated Program Income for the Application Years:** | $ | $ |
| **Subtotal:** | $ | $ |

**Other Funding Resources for the Activity**

|  |  |  |
| --- | --- | --- |
|  | **Program Year 2021** | **Total Amount Other Funding** |
| **Total Amount Committed:** | $ | $ |
| **Total Amount Projected:** | $ | $ |
| **Subtotal:** | $ | $ |

**Grand Total to Fund Activity**

|  |  |  |
| --- | --- | --- |
|  | **Program Year 2021** | **Total Amount** |
| **Total City Funding:** | $ | $ |
| **Total Other Funding Resources:** | $ | $ |
| **Grand Total of Project:** | $ | $ |

**AGENCY CAPACITY**

**Agency's Mission Statement:**

**Date of Incorporation:** **Years of Continuous Service:**

**Describe how the agency meets its mission, addressing elements of (limit responses to this page):**

1. Administrative cost ratio. The proportion of funds expended for direct services as opposed to overhead costs and administration/supervision not directly related to this project.
2. Collaboration – formal collaboration with other agencies/coordination plans with other agencies.
3. Outreach program, public relations efforts, efforts to address language barriers and diversity.
4. Demographic data, including percentage of minorities or people of color, receiving service in most recently completed fiscal or program year.

**Personnel**

Key personnel for this activity (staff only, do not include board members):

1. Name/Position
2. Education, Experience and Skills relevant to administering or performing this activity and
3. Brief Job Description.

**Policy and Procedures**

*Does the agency have…?*

|  |  |
| --- | --- |
|  | An Affirmative Action Plan and Grievance Procedure? |
|  | Equal Employment Opportunity Policy? |
|  | Fair Housing Plan? |
|  | A written procurement policy? |
|  | A written inventory policy? |

**Financial Procedures**

*Does the agency maintain a…?*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Chart of Accounts |  | Payable and Receivable Ledgers |
|  | General Ledger |  | Cash Receipts Journal |
|  | Cash Disbursements Journal |  | Quarterly Trial Balance |
|  | Payroll Journal |  | Audit |

**Describe the Agency's Payment Procedures (4 lines):**

**Audit Requirements:**

*Note: Agencies that expend $150,000 or more annually from all funding sources must have a financial audit that meets Generally Accepted Accounting Principles.*

*Agencies that expend $750,000 or more annually in Federal Funds must have an audit under 2 CFR Part 200 Subpart F.*

**AGENCY OUTPUTS**

**Performance Measurement**

*Overall Objective (select one Outcome Category (select one)*

|  |  |  |  |
| --- | --- | --- | --- |
| X | Creating Suitable Living Environment |  | Accessibility |
|  | Decent Housing |  | Affordability |
|  | Economic Opportunities |  | Sustainability |

|  |  |
| --- | --- |
| **Steps to Implement the Activity** | **Output Documentation** |
| Include date (mm/yr) and location for each implementation step | What evidence will the agency use to document completion of the implementation steps? |
|  |  |

**Outputs** *(list)***:** *(Outputs are the direct products of a program’s activity. They are usually measured in terms of the volume of work accomplished, such as number of low-income households served, number of loan applications processed, number of units constructed or rehabilitated, linear feet of curbs and gutters installed, or number of jobs created or retained.)*

**Indicators** *(list)***:** *(Indicators relate to the local goals established in the City’s HUD Consolidated Plan, to measure outcomes/performance. You may also wish to show the results of other activities that are important to your project.)*

**Outcomes** *(list)***:** *(Outcomes are benefits that result from a program. Outcomes typically relate to a change in conditions, status, attitudes, skills, knowledge or behavior. Common outcomes could include improved quality of life for program participants, improved quality of local housing stock or revitalization of a neighborhood.)*

|  |  |  |
| --- | --- | --- |
| **Output(s)** | **Indicator(s)** | **Outcome(s)** |
| The target level for the indicator (number). | What specific data will be tracked to measure how well the activity is achieving the outcome(s)? | What benefits or changes will result for individuals or households during or after participation in the activity? |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Program Year 1** | **Program Year 1** |  |
| **Commodities** | **Federal Funds** | **Other Resources** | **Total** |
| General Office Supplies |  |  |  |
| Janitorial |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** |
| **Contractual Services** | **Federal Funds** | **Other Resources** | **Total** |
| Building Maintenance |  |  |  |
| Utilities (Electricity, Gas, & Water) |  |  |  |
| Equipment Repair |  |  |  |
| Liability Insurance |  |  |  |
| Phone |  |  |  |
| **Total:** | **$0.00** | **$0.00** | **$0.00** |
| **Capital Outlay** | **Federal Funds** | **Other Resources** | **Total** |
| Equipment (>$500) |  |  |  |
| **Total:** | **$0.00** | **$0.00** |  |
| **Salaries & Benefits** | **Federal Funds** | **Other Resources** | **Total** |
| Employee Salaries |  |  |  |
| Health Insurance |  |  |  |
| Retirement |  |  |  |
| Social Security |  |  |  |
| Disability |  |  |  |
| Life Insurance |  |  |  |
|  |  |  |  |
| **Total:** | **$0.00** | **$0.00** |  |
| **Total Budget:** | **$0.00** | **$0.00** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SALARY AND CAPITAL OUTLAY** | | |  |
| **2021 Salaries & Benefits** |  |  |  |
| **Position Title** | **Total Salary + Benefits** | **Amount Charged to Federal Funds** | **Percentage** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total:** | **$0.00** | **$0.00** |  |
| **2021 Capital Outlay** |  |  |  |
| **Item** | **Total Amount** | **Amount Charged to Federal Funds** | **Estimated Purchase Date** |
|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total:** | **$0.00** | **$0.00** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2021 Other Funding Resources** | **Amount** | **Federal?** | **Committed or Projected?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total:** |  |  |  |

The following documents must be submitted before any contract is signed by the City of Des Moines. By submitting a proposal to the City of Des Moines for CDBG-CV funds, you are agreeing to submit the following items, which may contain duplicate some requests within the RFI, if awarded funding.

1. Private nonprofit incorporation papers
2. Corporation by-laws
3. Most recently filed IRS Form 990
4. Board training
5. Annual report
6. List of corporate officers
7. Conflict of interest policy and signed conflict of interest statement
8. Board’s authorization to request funds
9. Board’s certification of voting membership
10. Agreement of monitoring compliance
11. Board’s designation of authorized representative
12. Organizational chart
13. Management policies and practices
14. Resumes of the agency director, fiscal officer, and program administrator
15. Affirmative Action and Grievance Procedure
16. Current financial information (either audit or financial report)
17. Applicable insurance certificates, which may include general liability, automobile, worker’s compensation, contents, indemnification clause
18. A written procurement policy
19. A written inventory policy
20. Copies of all required local, state, and federal licenses
21. List of all lease agreements, if applicable
22. List of contracts with other funding agencies that are part of the activity or service
23. Detailed construction budget, if applicable
24. Lien waivers, if applicable
25. Proof of notice to neighborhood for new facility construction, if applicable