

**CITY OF AUSTIN
FY 2012
Information Request Form (IRF)**

Instructions: Please complete each section completely and attach all documentation requested. Incomplete packages of information will not be accepted. City staff is not allowed to correct errors.

1. Types of Public Services include the following: Homeless Services; Child Care Services; Youth Services; Senior Services; Educational Services; Home Repair Services and Rental Assistance.
2. Premature commitment or expenditure of funds for proposed activities is prohibited. Program costs will not be eligible for reimbursement if they have been committed or spent prior to Environment Clearance AND execution of the sub-recipient agreement.
3. The proposed funding requested must represent amount needed to complete the program by September 15, 2012; if approved for funding, unexpended funds are subject to being reprogrammed.
4. The City will not accept faxed, e-mailed, incomplete or late IRFs.
5. Funds will not be allocated to a program for which an IRF has not been received by the City.

If you have questions or need assistance, please contact Letitia Brown, Compliance Manager, at (512) 974-3132 or Letitia.Brown@austintex.gov.

DEADLINE: Monday, October 10, 2011, 5:00 PM

One (1) Original Copy of the IRF containing original signatures and required documents must be submitted to:

Via Postal Mail

City of Austin
NHCD
Compliance Division
P.O. Box 1088
Austin, TX 78767

OR

Via Hand Delivery

City of Austin
NHCD
Compliance Division
1000 East 11th Street
Austin, TX 78702

I. Legal Name of Agency:		
II. Mailing Address:	City:	Zip Code:
III. Contact Person:	Title:	
E-mail:	Telephone:	
Secondary Contact Person:	Title:	
E-mail:	Telephone:	

IV. Type of Agency:

501(c)3 Non-Profit For-Profit
 Government/Public Agency Other (specify):

V. Agency Description:

Faith Based Organization: Yes No

Date of Incorporation: Number of Paid Staff:

Agency Tax ID Number: Number of Volunteers:

Agency DUNS Number:

Provide the Agency's Mission Statement:

VI. Proposed Program Title:

VII. FY 2012 Funding Request:

Minimum Funding to Implement and Complete the Program:	\$	-
Amount of Other Funds *Secured for the Program:	\$	-
Total Cost to Complete the Program:	\$	-

*Secured means awarded at the time of requesting funds from the City of Austin.

Has this program received funding in prior years?

Yes No

If Yes, list the applicable Fiscal Years:

VIII. Selected the type of service you wish to be funded. Please select only **ONE** option.

<input type="checkbox"/> Homeless Services	<input type="checkbox"/> Tenant-Based Rental Assistance
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Architectural Barrier Removal - Rental / Owner
<input type="checkbox"/> Senior Services	<input type="checkbox"/> Tenants' Rights Assistance
<input type="checkbox"/> Child Care	<input type="checkbox"/> Small Business Assistance
<input type="checkbox"/> HIV/AIDS Services	<input type="checkbox"/> Homebuyer Counseling - English / Spanish

IX. Program Description

Provide a description of the proposed program. Include an explanation of how the proposed program meets the criteria of the Eligible Activity selected. Indicate whether subcontractors and/or volunteers will be utilized to perform program activities.

X. Program Fee Structure

Indicate whether or not fees will be charged for any services delivered in conjunction with this program. If fees are charged, describe the fee structure.

XI. Program Benefit

To be eligible for funding from the City, the Program must meet the following National Objective:

Benefits families with low- to moderate (L/M) incomes

In order to qualify as benefiting low- to moderate income persons, an activity must fall into one of the categories below. Please check the applicable box for your program .

1. Area Benefit
– At least 51% of the residents within the targeted activity area are L/M income persons.

2. Limited Clientele
– To qualify under this subcategory, a limited clientele activity must meet one of the following tests. Please check the appropriate box.
 a. Clientele must be one of the following groups (please check which group best describes your clients):

<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Senior
<input type="checkbox"/>	Youth
<input type="checkbox"/>	HIV/AIDS
<input type="checkbox"/>	Homeless

(use census population report definition)

- b. At least 51% of the clientele served must be L/M persons

- c. The activity must be of such nature and a location that it may be reasonably concluded that the clientele will be L/M income persons

- d. The activity must serve to remove material or architectural barriers to the mobility or accessibility of elderly persons or of severely disabled adults

3. Housing
– The activity must result in housing that will be occupied by L/M income persons upon completion. The housing can be either owner- or renter-occupied and can be either one family or multi-unit structures. Rental housing must be occupied at affordable rents.

XII. Target Population

Provide a description of the target population and/or target area/neighborhood boundaries to be served. Indicate whether or not the program currently serves the target population and/or target area/neighborhood boundaries described.

Total number of unduplicated clients/households to be served as a result of the proposed program:

1. Of this, total number of unduplicated low/moderate-income clients/households to be served:

2. Percentage of unduplicated low/moderate-income clients/ households to be served:

%

Method of data collection to track client demographics (i.e. family size, race, ethnicity, income levels, City residency, etc.) and/or neighborhood boundaries served.

Use of Computer Software

Manual Collection

Other

XIII. PERFORMANCE OUTCOME MEASURES

As of 2006, the U.S. Department of Housing and Urban Development (HUD) has instituted required performance measures to gather information and determine the effectiveness of programs funded with CDBG, ESG, HOME and HOPWA. Information obtained on the local level will be reported by the City to HUD, which will enable HUD to describe performance results as the National Level. HUD's outcome performance measurement system has three objectives and three outcomes which are listed below.

1. Select ONE of the following that best fits your program objective:

Suitable Living Environment

This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) or social issues, such as crime prevention, child care, literacy, or elderly health services. It includes improving the safety and livability of neighborhoods, increasing access to quality facilities and services, and revitalizing deteriorating residential neighborhoods.

Decent Housing

This objective focuses on housing programs where the purpose of the program is to meet individual, family, or community needs and it does not include programs where housing is an element of a larger effort, since such programs would be more appropriately reported under the Suitable Living Environment objective.

Creating/Expanding Economic Opportunity

This objective applies to the types of activities related to economic development, commercial revitalization or job creation.

2. Select ONE of the following that best describes the outcome your program will achieve:

New or Improved Availability/Accessibility

This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) or social issues, such as crime prevention, child care, literacy, or elderly health services. It includes improving the safety and livability of neighborhoods, increasing access to quality facilities and services, and revitalizing deteriorating residential neighborhoods.

Affordability

This outcome applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing or basic infrastructure hook-ups, or services such as transportation or day care.

Sustainability

This outcome applies to programs where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to low/moderate income persons.

3. Anticipated Program Outcomes

Complete the chart below to describe the most significant outcome(s) this program is expected to have on its participants. Tell how many households or individuals will realize each outcome and how each outcome will be measured. Copy chart and attach to describe additional outcomes, if applicable.

Outcomes:

Outcomes are not the activities of the agency, but the benefits for the participants. Outcomes are related to overall program effectiveness. Describe how participants will benefit and how many are expected to realize this outcome. What will be the benefits for the clients? Focus on outcomes within the agency's control, utilize reasonable available data and have conditions that are well defined and measurable. Examples of outcomes include: # seniors with new access to nutritious lunch or # of homeless families with new access to shelter.

Outcome

Describe evaluation tools, methods and benchmarks to measure achievement of each outcome. How will you measure the outcomes? How will the program's impact on participants be evaluated?

Measurements:

Services/ Activity Descriptions:

Describe/define each service/activity to be provided in order to achieve the listed outcome.

of Participants:

For each service/activity described/defined, list the anticipated number of unduplicated participants/clients to be served.

Outcome #1	
Outcome Measurements	
Service/Activity Descriptions Necessary to Realize Outcome	# of Participants
Describe how the services/activities listed achieves the outcome:	
Describe the frequency and duration of the services/activities listed in terms of per week and/or per month:	
List the position title of each agency staff that will be responsible for providing the services/ activities listed and/or indicate whether subcontractors will be utilized to provide the services/activities listed:	

Outcome #2	
Outcome Measurements	
Service/Activity Descriptions Necessary to Realize Outcome	# of Participants
Describe how the services/activities listed achieves the outcome:	
Describe the frequency and duration of the services/activities listed in terms of per week and/or per month:	
List the position title of each agency staff that will be responsible for providing the services/ activities listed and/or indicate whether subcontractors will be utilized to provide the services/activities listed:	

List additional Outcomes on a separate sheet using this same format.

XIV. PROGRAM SUSTAINABILITY

City funding is not a guaranteed funding source. Briefly describe how your program will be sustained should funds not be awarded as requested.

XV. ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES

Federal regulations require that all facilities and/or services assisted be accessible to the people with disabilities, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Will the completed program meet ADA standards for accessibility by people with disabilities?

Yes

No

If No, describe accessibility problems and method to address problems, including funding and timetable:

XVI. EMPLOYMENT AND CLIENT PARTICIPATION

Do you notify the public that your agency does not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services?

Yes, currently

No

Willing to adopt practice

XVII. ORGANIZATIONAL CAPACITY

1. Has your agency ever done this type of activity before?

Yes

No

2. Describe your agency's experience with local, state and federal programs, including the total years of experience and total amount of funding for each Federal grant award received:

3. Describe your agency's current capacity and staff qualifications in carrying out the proposed activity and ensuring the program is completed as proposed and within the scheduled timeline:

4. Describe your agency's administrative systems by checking each item that exists within your agency's organizational structure:

	Yes	No
<input type="checkbox"/> Formal Personnel System – Are written procedures in place?		
<input type="checkbox"/> Staff Salary Tracking System by Funding Source		
<input type="checkbox"/> Audit System – Are formal written accounting procedures in place?		
<input type="checkbox"/> Recordkeeping System/Separate Tracking for Each Funding Source		
<input type="checkbox"/> Formal Written Cash Management Practices (Includes Proper Security Measures) Monitoring/Evaluation System		
<input type="checkbox"/> Hard Copy Files and Computer Records Systems with Security and Back-up in Place		
<input type="checkbox"/> Internal Monitoring/Evaluation System		
<input type="checkbox"/> Are written procedures in place?		
<input type="checkbox"/> Client Eligibility Verification		
<input type="checkbox"/> Client Demographic Data Collection and Reporting System		
<input type="checkbox"/> Procurement Policy – Are formal written procedures in place?		
<input type="checkbox"/> Conflict of Interest Policies		
<input type="checkbox"/> Client Grievance Policies		
<input type="checkbox"/> Annual Fundraising/Revenue Generation		

5. Describe the financial and program oversight by your agency's Board of Directors.

6.

If any gaps exist in your agency's administrative systems, describe what they are and how they will be addressed:

XVIII. LIST OF FUNDING SOURCES FOR THE PROGRAM

	Amount Secured	Amount Not Secured	% of Budget
FY 2012 Fund Request from City of Austin			
List Other Sources Below:			
Funds Awarded From Prior Fiscal Years			
Section 108 Loan Guarantee			
HOME			
ESG			
HOPWA			
CDBG-R			
NSP			
HPRP			
Other Federal Stimulus Funds			
Other Federal Funds			
State/Local Funds			
Private Funds			
Agency Funds			
TOTAL FUNDING SECURED			100%

XIX. FY 2012 PROGRAM BUDGET

List the expenses that will be applied to only the City-funded portion of the program's total budget, along with an explanation of how each expense is related to program delivery. In the justification section, also indicate the percentage of total cost of each line item that is budgeted under this fund request process

Line Item / Type	Amount	Justification
Salaries & Wages (List position titles and % of total salary budgeted)		
Fringe Benefits		
TOTAL PERSONNEL		
Supplies		
Postage		
Publications/Printing		
Transportation		
Rent		
Equipment Rental		
Equipment Purchases		
Utilities		
Telephone		
Other Expenses		
TOTAL NON-PERSONNEL		

PROGRAM BUDGET
(TOTAL AMOUNT OF PROPOSED CITY-FUNDED PORTION)

AGENCY FINANCIAL SYSTEM

1. Cash Basis OR Accrual Basis
2. Define Fiscal Year Term From: _____ To: _____

The undersigned acknowledges the following:

1. That, to the best knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That submittal of an information packet for this program is not a guarantee of funding from the City of Austin.
3. That the proposed program described in this information request meets a National Objective.
4. That all City-funded activities shall be within the City of Austin and benefit only City of Austin
5. That no revisions may be submitted once the deadline has passed, unless revisions and/or additional documentation are mandated by the program during the review process.
6. That, if the program is funded, the City of Austin reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
7. That, if the program is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the requestor and the City of Austin.
8. That, if the program is funded, the requestor shall comply with all federal and local policies and requirements and all procedures must be followed, as applicable to the program.
9. That, if the program is funded, the requestor understands that funds must be obtained by the City from HUD prior to the obligation of funds (execution of a written agreement).
10. That, if the program is funded, the City will perform a National Environmental Policy Act (NEPA) review prior to the obligation of funds (execution of a written agreement).
11. That a program's FY 2012 funding does not guarantee its continuation in the City's subsequent action plans.
12. That proof of required insurance coverage will be submitted to the City prior to the execution of a written agreement. Requestor understands that the execution of a written agreement will be delayed until proof of required insurance is submitted to the City.
13. That written signatory authority from the requestor's governing body indicating who can execute written agreements/contracts and amendments on its behalf has been included with this information request packet.
14. That, if the program is funded, sufficient funds are available from non-City sources to complete the program as described.
15. That, if the program is funded, the proposed activities (program tasks/activities) listed in this information request may be implemented without delay upon the execution of a written agreement between the City of Austin and the requestor.
16. That the proposed funding requested represents the amount needed to complete the program by September 15, 2012.
17. That the requestor understands that all City funds allocated to programs must be expended by September 15, 2012, or such funds are subject to being reprogrammed by the City Council.
18. That the requestor is fully capable of fulfilling its obligation to this program.
19. That, if the program is funded, the requestor understands that City funds are provided on a reimbursement basis and that required reports and supporting documentation must be reviewed and accepted by assigned Program Managers prior to approval of payment to the requestor.

20. That, if the program is funded, requestor will adhere to all required federal and City assurances.
21. That the requestor shall not use City funds for grant writing, fundraising or lobbying per OMB Circular A-122.
22. That the requestor possesses the legal authority to request funds and to implement the proposed program.
23. That the requestor does not have any unresolved audit findings for prior funded programs.
24. That there are no pending lawsuits that have been filed against the requestor.
25. That the requestor understands that the City may verify any or all statements contained in this information request packet, and that any intentionally submitting false information or omitting information may disqualify the requestor from consideration in both the current and future years.
26. That the requestor understands that, upon submission, this information request packet becomes the property of the City of Austin and will not be returned to the requestor in whole or in part.
27. That should this proposed program be approved, the requestor understands that they may not submit a request to revise the "program category" OR "program description" listed in this information request. However, the City reserves the right to make revisions to scope of work/scope of services and/or budget line items during contract negotiations in order to improve/enhance the benefit to low/mod clients and communities to be served.
28. That the undersigned has reviewed this information request packet for completeness and accuracy and has approved the description, performance goals, budget and other aspects of the described program in this information request.
29. That the governing body of the requestor agency authorizes the submission of this information request.

Signature: _____

Print Name: _____

Title: _____

Date: _____

Agency Name: _____

Program Name: _____

SUBMITTAL CHECKLIST

Incomplete Packets Will Not Be Accepted.

Agency Name: _____

1. IRF Packet: One (1) original form containing original signature and all attached documents as listed below:
2. Federal Tax Exemption Determination Letter
3. State Tax Exemption Determination Letter
4. FY 2010 fiscal documents
5. For all non-profit agencies
6. Audited FY 2010 Financial Statements, AND
7. Fully signed copy of the FY 2010 federal tax form 990, AND
8. Fully signed copy of the FY 2010 State tax form 199
9. **OR** For all governmental agencies
10. Audited FY 2010 Financial Statements, AND
11. **AND** For ANY agencies that expended more than \$500,000 in federal funding for the year, the following must ALSO be included with the documents above:
12. FY 2010 Single Audit
13. Written Financial Management Procedures
14. Written minute action and/or Board approval documentation signed by the Board President authorizing use of City funds.
15. Program Contact Information Form
16. Signature Authorization Form (original signature required) [No Self-Certification]
17. List of Current Board of Directors/Governing Board
18. Copy of the Agency Lease Agreement, if program site is not owned by the Agency.

Do not include extraneous material, unnecessary packaging or letter of transmittal.

**** CITY USE ONLY ****

Submittal Type	Date Received	City Staff Initials
<input type="checkbox"/> Hand Delivery		
<input type="checkbox"/> Mail Delivery		

CONTACT INFORMATION

This form will be used to facilitate correspondence with the Program's staff. The individual listed as the Program contact

should be able to respond to questions regarding the programmatic activities and reports. The individual listed as the Fiscal contact should be able to respond to questions regarding the fiscal activities and reports.

Please submit a new form each time any of the listed information is revised.

AGENCY _____

GENERAL

NAME:	_____	PHONE:	_____
TITLE:	_____	FAX:	_____
EMAIL:	_____		
MAILING ADDRESS:	_____ _____		

PROGRAM

NAME:	_____	PHONE:	_____
TITLE:	_____	FAX:	_____
EMAIL:	_____		
MAILING ADDRESS:	_____ _____		

FINANCE

NAME:	_____	PHONE:	_____
TITLE:	_____	FAX:	_____
EMAIL:	_____		
MAILING ADDRESS:	_____ _____		

ALTERNATE

NAME:	_____	PHONE:	_____
TITLE:	_____	FAX:	_____
EMAIL:	_____		
MAILING ADDRESS:	_____ _____		

FY 2012 AUTHORIZED SIGNATURES - PRIMARY

Please provide the information listed below to certify the designated individuals authorized to sign documents on the agency's behalf. **Self-certification is not acceptable, a second signature is required.**

Please submit a new form each time any of the listed information is revised during this contract period.

AGENCY _____

AGENCY BOARD CHAIR/PRESIDENT CERTIFICATION OF DESIGNATED INDIVIDUALS AUTHORIZED TO SIGN DOCUMENTS ON THE AGENCY'S BEHALF, AS SUBMITTED ON THIS FORM

NAME (Print) _____

TITLE (Print) _____

SIGNATURE: _____

THROUGH DATE: _____

PRIMARY PERSON AUTHORIZED TO SIGN CONTRACTS AND AMENDMENTS

NAME (Print) _____

TITLE (Print) _____

SIGNATURE: _____

THROUGH DATE: _____

PRIMARY PERSON AUTHORIZED TO SIGN PROGRAM REPORTS

NAME (Print) _____

TITLE (Print) _____

SIGNATURE: _____

THROUGH DATE: _____

PRIMARY PERSON AUTHORIZED TO SIGN REQUESTS FOR PAYMENT REQUESTS

NAME (Print) _____

TITLE (Print) _____

SIGNATURE: _____

THROUGH DATE: _____

FY 2012 AUTHORIZED SIGNATURES - ALTERNATE

Please provide the information listed below to certify the designated individuals authorized to sign documents on the agency's behalf. **Self-certification is not acceptable, a second signature is required.**

Please submit a new form each time any of the listed information is revised during this contract period.

AGENCY _____

ALTERNATE PERSON AUTHORIZED TO SIGN CONTRACTS AND AMENDMENTS

NAME (Print) _____

TITLE (Print) _____

SIGNATURE: _____

THROUGH DATE: _____

ALTERNATE PERSON AUTHORIZED TO SIGN PROGRAM REPORTS

NAME (Print) _____

TITLE (Print) _____

SIGNATURE: _____

THROUGH DATE: _____

ALTERNATE PERSON AUTHORIZED TO SIGN REQUESTS FOR PAYMENT REQUESTS

NAME (Print) _____

TITLE (Print) _____

SIGNATURE: _____

THROUGH DATE: _____

FY 2012 AUTHORIZED SIGNATURES - ALTERNATE

Please provide the following information for all members of the agency's Board of Directors or Governing Board. **Please submit a new form each time any of the listed information is revised.**

If submitting a copy of the agency's Board Roster, please ensure that the following information is included for all.

- Name
- Title
- Business Affiliation
- Address
- Telephone Number