**City of Springfield Emergency Solutions Grant Program 2015**

|  |
| --- |
|   **Application Checklist** |

|  |
| --- |
| Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Review the following list of documentation requirements. Submit one original and four copies. The original and all copies must include the following attachments in the stated order, and attachments must be labeled with the attachment letter and number. Unless otherwise specified, applicants must submit all attachments.

* **Application Checklist**
* **Exhibit A**: Application Information
* **Exhibit B**: Project Information **(45 points)**
* **Attachment B-1:** Intake and Screening Documents
* **Attachment B-2:** Policy and Procedures Manual
* **Exhibit C**: **Organizational Information (30 points)**
* **Attachment C-1**: Articles of Incorporation
* **Attachment C-2:** 501 (c) (3) documentation from IRS
* **Attachment C-3:** Agency organization charts
* **Attachment C-4:** Project organization charts
* **Attachment C-5:** Job descriptions
* **Attachment C-6:** Resumes of key personnel
* **Attachment C-7:** Current list ofBoard of Directors, with affiliations, terms, and officers
* **Attachment C-8:** Debarment Certificate
* **Attachment C-9:** Agency’sConflict of Interest Statement
* **Attachment C-10:** Agency’sEqual Employment Opportunity Policy
* **Attachment C-11:** Agency’s Drug-free Workplace Policy
* **Exhibit D: Financial Capacity, Budget, and Match (25 points)**
* **Attachment D-1:** Program Budget (Must use Excel template provided with RFP)
* **Attachment D-2**: Verification of Match Commitment
* **Attachment D-3**: Audit/Financial Statements and IRS Form 990
* **Attachment D-4:** Single Audit (if applicable)
* **Attachment D-5**: Internal Control Questionnaire
* **Attachment D-6**: Notarized Tax Certification Affidavit

|  |
| --- |
| **City of Springfield****Emergency Solutions Grants Program Application** |

 Original If submitting more than one proposal, indicate the priority:

 Copy Priority 1 Priority 2 Priority 3

**Eligible Activity Category** Submit a separate application for each category for which you are applying.

Rental Assistance AND/OR Housing Relocation and Stabilization Services

Operating Costs for Existing Shelter

Housing-Focused Street Outreach

 ESG Funding Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_ New Initiative: \_\_\_\_\_ Yes \_\_\_\_\_\_No

|  |
| --- |
| **Exhibit A: Application Information**  |

Organization Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other/former names for the organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the applicant or its principals attend the Pre-Bidder’s Conference that was offered? Yes No

Provide the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Title** | **Phone** | **Email** |
| ***Program Contact***- Person managing the project on a daily basis |  |  |  |  |
| ***Finance Contact***- Person able to provide budget information |  |  |  |  |
| ***Application Contact***- Person writing this application |  |  |  |  |
| ***Authorized Contact***- Person authorized to sign contracts |  |  |  |  |

I CERTIFY THAT I AM AUTHORIZED TO REPRESENT THE ABOVE NOTED ORGANIZATION AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS OR CONCEALMENT OF MATERIAL FACTS. I FURTHER CERTIFY THAT NO CONTRACTS HAVE BEEN AWARDED, FUNDS COMMITTED OR CONSTRUCTION BEGUN ON THE PROPOSED PROJECT AND THAT NONE WILL BE DONE PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE CITY OF SPRINGFIELD.

|  |
| --- |
|  **Signature of Authorized Person Listed Above Date** |
|  |

|  |
| --- |
|  **Print name** |

|  |
| --- |
| **Exhibit B: Project Information (40 points)** |

**Objectives**

Which objectives will the proposed project address? Please check the correct box:

|  |
| --- |
| * Provide Prevention assistance for households at imminent risk of homelessness. Priority households include families not eligible for Massachusetts Emergency Assistance.
 |
| * Provide Rapid Rehousing (financial assistance and services) for households living in shelter or a place not fit for human habitation.
 |
| * Provide Rapid Rehousing (housing navigation services only) to assist homeless households living in shelter or a place not fit for human habitation with housing triage and housing navigation services.
 |
| * Provide emergency shelter in existing facilities—above the number of shelter beds funded by the state of Massachusetts.
 |
| * Provide outreach to assist homeless households living in shelter or a place not fit for human habitation to access coordinated entry to housing location services and housing options.
 |

**Project Need and Beneficiaries**

Identify the primary beneficiaries this project will serve. Please check the appropriate categories below-check all that apply.

|  |  |
| --- | --- |
| * Individuals
 | * Seriously Mentally Ill
 |
| * Families
 | * Substance Abuse Disorder
 |
| * Youth ages \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_
 | * Persons Living with HIV/AIDS
 |
| * Unaccompanied Youthages \_\_\_\_\_ to \_\_\_\_\_\_
 | * Elderly, Frail Elderly
 |
| * Victims of Domestic Violence
 | * Special Needs
 |
| * Veterans
 | * Other:
 |

**Number of Persons and Households Served**

Anticipated number of unduplicated persons served by this project: \_\_\_\_\_\_\_

Anticipated number of unduplicated households served by this project: \_\_\_\_\_\_\_

**Exhibit B Narrative Responses**

Please respond to the following questions in a narrative no longer than 3 pages. If a question does not apply to the type of program that you will operate, reply n/a to that question.

1. **Program description**: Briefly identify the specific activities that will make up your ESG-funded program. For example, for a rapid rehousing program, list factors such as provision of financial assistance, housing search assistance and case management, and identify the frequency and location of case management visits.
2. **Targeting those most in need**: Within the population you will serve, how will you identify andtarget services to those most in need of assistance? **Prevention targeting**: If the project will provide prevention services/financial assistance, what factors does the project use to determine that a particular household is likely to become homeless if they lose their current housing?
3. **Housing focus of street outreach and shelter**: If the project will provide street outreach or shelter, briefly describe how the project will assist program participants to obtain permanent housing.
4. **Duplication of services:** Will you provide services or activities similar to what is provided by another agency in the City of Springfield? If yes, briefly explain how your proposed project is different or unique from other similar projects. What safeguards are currently in place to avoid duplication of services?
5. **Coordinated Entry**: Please describe your agency’s goals regarding Coordinated Entry to homeless assistance programs.
6. **Collaborative Project:** Is the proposed ESG project a collaborative effort of more than one agency—that is, will the work of the project be carried out by two or more agencies working together? If yes, please describe.

**Exhibit B Attachments**

If your proposal will provide Prevention or Rapid Rehousing, provide **Attachment B-1:** Intake and Screening Documents (shelter operations and street outreach programs do not need to provide Attachment B-1. Please attach a copy of your program policy and procedures manual, including program specific details, relevant grievance procedures, confidentiality and termination policies, as **Attachment B-2**. If unavailable, describe plan for development and when they will be available for review.

|  |
| --- |
| **Exhibit C: Organizational Information (30 points)** |

**Exhibit C Narrative Responses**

Please respond to the following questions. If a question does not apply to the type of program that you will operate, reply n/a to that question. The full Exhibit C Narrative should be no more than 2 pages.

1. **Prior experience**: a) Indicate whether the agency has previously received ESG or other federal funds, including funding types, amounts and dates. b) Describe the agency’s prior experience providing the type of assistance proposed.
2. **Involvement of Homeless Persons**: a) Listthe ways in which the agency involves homeless individuals and families in renovating, maintaining, or operating the agency, in providing services assisted under ESG, or in providing services for agency occupants. Involvement may include employed or volunteer services. b) Describe how you include homeless individuals on your Board of Directors or other policy-making body.
3. Does your agency use **HMIS**? If yes, or if your agency is a Domestic Violence Provider with a comparable system, please briefly describe the process for entering data into HMIS (or comparable system) including responsible parties, frequency of entry and methods for data analysis. If no, please briefly describe the agency’s plans for becoming an HMIS user.
4. Describe your agency’s **participation** in the Hampden County Continuum of Care and/or the Western Massachusetts Network to End Homelessness.
5. How does your agency **track its success** in preventing or ending homelessness? What measures do you use to determine this? What data do you use to measure your performance?

Please list key agency personnel who will be overseeing or working on this project. This information should match the information included on both the agency organizational and project organizational charts. Please indicate vacant positions.

|  |  |  |
| --- | --- | --- |
| **Name and Title** | **Years/Type of Relevant Program Experience** | **Years/Type of Relevant Federal Experience** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Exhibit C Attachments**

Submit copies of your Articles of Incorporation as a requirement of **Attachment C-1**.

Please attach 501 (C)(3) documentation from the IRS as **Attachment C-2**, the agency’s organizational chart as **Attachment C-3** and project organizational chart as **Attachment C-4**. Organizational charts should include position titles and staff names. Provide job descriptions as **Attachment C-5** and current resumes as **Attachment C-6** for the persons listed on the chart above.

Provide a current list ofBoard of Directors, with affiliations, terms, and officers as **Attachment C-7.** Complete the Debarment certificate, included as the following page of this application, and submit it as **Attachment C-8.**

Submit the following agency policies and procedures, all of which are required by HUD for recipients of ESG funds.

* **Attachment C-9:** AgencyConflict of Interest Statement
* **Attachment C-10:** AgencyEqual Employment Opportunity Policy
* **Attachment C-11:** AgencyDrug-free Workplace Policy

**Debarment Certificate (Attachment C-8)**

**INSTRUCTIONS:** Print the following language on agency letterhead, signed by the agency’s authorized representative.

DEBARMENT CERTIFICATE

I hereby certify that neither this agency nor any subcontractor secured by this agency has been debarred, suspended or determined ineligible to engage in activities funded by the United States Department of Housing and Urban Development. By signing this Certificate, the organization expressly understands and acknowledges that any person responsible for performing activities/services under this agreement are currently eligible to engage in the activity under this contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature of authorized agent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed name of agent)

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Exhibit D: Financial Capacity, Budget and Match (30 Points)** |

**Match**

Indicate the funding for the entire project/program from other sources in the following table. For each secured funding source listed, attach a letter of funding commitment (dated no more than 6 months prior to the application) as **Attachment D-7**.



If you are applying under the category of Shelter Operating Costs, please provide the following information about state contracts you have to provide shelter services in the chart below:

|  |  |  |
| --- | --- | --- |
| State agency with which you have a contract | Annual funding | Number of beds funded |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Budget**

Please use the Excel template provided to detail the program budget, and include as **Attachment D-1.**

**Additional Exhibit D Attachments**

* **Attachment D-2**: Verification of Match Commitment(s)
* **Attachment D-3**: Audit/Financial Statements and IRS Form 990
* **Attachment D-4:** Single Audit (if applicable)
* **Attachment D-5**: Internal Control Questionnaire (Blank provided on following pages)
* **Attachment D-6**: Notarized Tax Certification Affidavit (Blank provided on following pages)

**Internal Control Questionnaire (Attachment D-5)**

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF OPERATING AGENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS OF OPERATING AGENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE OF PROJECT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT OF FUNDING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOURCE OF FUNDING: CDBG \_\_\_\_ OTHER \_\_\_\_

1. Name and Title of individual(s) signing Schedule of Reimbursable expenses request and checks:
2. REIMBURSABLE EXPENSE REQUEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. CHECK SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of person responsible for maintaining records for this contract. (list title also)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of person who is responsible for:

A. Maintaining payrolls \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 B. Maintaining Time Sheets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 C. Reconciling Bank Statements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 D. Preparing Statement of Project Costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Preparing Checks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 F. Purchasing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of person who will maintain the following books of record (at least)

1. Cash Receipts and Disbursements Ledger \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Voucher Register \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Project Cost Ledger \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Employees Bonded:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the agency maintain a purchase requisition system, and who authorizes purchases?
2. Who signs all vouchers ready for payment?
3. What is included or needed for authorization to disburse checks?

(voucher, purchase order & receiving slip)

1. Who is responsible for hiring personnel?
2. Who is responsible for submitting time sheets of employees?

11. What controls are in place for equipment purchases?

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative Date

 For Agency

**Notarized Tax Certification Affidavit (Attachment D-6)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Individual Social Security Number State Identification Number Federal Identification Number

**Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**P.O. Box (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address Only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List address(es) of all other property owned by company in Springfield: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please Identify if the bidder/proposer is a:*

\_\_\_\_\_**Corporation**

**\_\_\_\_\_Individual Name of Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Partnership Names of all Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Limited Liability Company Names of all Managers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Limited Liability Partnership Names of Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_Limited Partnership Names of all General Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that**

**does not apply to you, write N/A in the blanks provided.**

**FEDERAL TAX CERTIFICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to my best knowledge and

 (authorized agent) (Bidder/Proposer)

 belief, has/have complied with all **United States Federal taxes** required by law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidder/Proposer Authorized Person’s Signature

**CITY OF SPRINGFIELD TAX CERTIFICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to my best knowledge and

 (authorized agent) (Bidder/Proposer)

belief, has/have complied with all **City of Springfield taxes** required by law(has/have entered into a Payment Agreement with the City).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidder/Proposer Authorized Person’s Signature

**COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION**

Pursuant to M.G.L. c. 62C 49A, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify under the pains and penalties of perjury that \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (authorized agent) (Bidder/Proposer)

to my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidder/Proposer Authorized Person’s Signature

**Notary Public**

COMMONWEALTH OF MASSACHUSETTS

,ss. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2014

Then personally appeared before me [name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,[title]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of [company name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public

 My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU MUST FILL THIS FORM OUT COMPLETELY AND**

 **YOU MUST FILE THIS FORM WITH YOUR BID.**