



APPLICATION FOR COMMUNITY BENEFITS 371 – 401 D STREET DEVELOPMENT

APPLICATIONS DUE: 4.21.2015 BY 5 PM

Boston Redevelopment Authority &
The Mayor's Office of Jobs and Community Services (JCS)

Funds Provided by the Boston Redevelopment Authority

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INTRODUCTION TO THE BOSTON REDEVELOPMENT AUTHORITY COMMUNITY BENEFIT FUND APPLICATION

According to the 2000 Executive Order Relative to the Provision of Mitigation by Development Projects in Boston, the Boston Redevelopment Authority ("BRA") must ensure that the developer of any proposed project—subject to Article 80 review—offer appropriate mitigation efforts. Please note this is not an application for public realm improvements/funds (i.e. new sidewalks, tree planting, etc). Applicants can request funding up to \$100,000.

The chosen Applicant is required to submit to the BRA a plan that describes how the Applicant will utilize the community benefit funds to address the aforementioned objectives in a manner that will produce the greatest measurable impact on the community. All awards will be subject to BRA Board authorization and chosen Applicants will be required to enter into a Grant Agreement with the BRA.

The BRA sets forth basic objectives against which the plan and the Applicant's performance under the plan will be evaluated by the BRA. The Applicant must state how it will pursue these objectives for all community development programs.

Due to the recent D Street Development Project in South Boston, the BRA received a \$630,000 community benefit contribution. These community benefit monies are to be reinvested into the South Boston area. Using this new Community Benefit Fund application, the BRA seeks to identify local non-profits that can provide community-directed services to the South Boston Area. This program allows eligible Applicants to request a community benefit grant from the BRA. Applicants develop their own programs and funding priorities, all Applicants must be consistent with one or more of the following objectives:

- Applicant's services must principally benefit the South Boston Community
- Applicant must show need to supplement programs or efforts that are seen as beneficial for the South Boston Community and the general public
- Applicant must address an urgent need or problem in the South Boston community

PROPOSAL CHECKLIST BRA COMMUNITY BENEFIT FUND

APPLICATIONS ARE DUE BY: 4.21.2015 at 5 PM

As a final step before submitting your application, use this checklist to ensure that your application is complete. *Failure to include any of the following items will result in disqualification of your application.*

All organizations applying for community benefit funds, must complete and submit **ONE ORIGINAL AND ONE COPY** of the following BRA Community Benefit Fund documents:

- Completed Application—Executive Summary, signed and dated
- Organization Budget—Revenue Form
- Organization Budget—Expenses Form
- Corporate Documentation Board of Directors Roster

CORPORATE DOCUMENTATION TO BE INCLUDED WITH THE APPLICATION

1. Organization Certificate of Good Standing;
2. List of Board of Directors; and
3. Federal Tax Exemption Determination Letter.

Or such other documentation that the BRA may request, if necessary.

Proposals may be hand delivered, mailed or emailed to the address on the following page. *Incomplete applications will not be accepted.* All proposals that are received after the closing date of April 21, 2015 at 5 PM will not be reviewed. *No exceptions will be granted.*

BOSTON REDEVELOPMENT AUTHORITY COMMUNITY BENEFIT FUND PROGRAM APPLICATION PROCEDURES

As designated by the Boston Redevelopment Authority, Applicants for the Community Benefit Fund *must meet the following legal requirements:*

- A Massachusetts nonprofit corporation, or other organization who has identified a Massachusetts nonprofit corporation to act as a fiscal agent for the Applicant, whose principal office is located in the city of Boston, *at the time of grant application submission.*

In addition, all funded activities must be eligible and meet one of the three Objectives set forth by the Boston Redevelopment Authority:

- Applicant's services must principally benefit the South Boston Community
- Applicant must show need to supplement programs or efforts that are seen as beneficial for the South Boston Community and the general public
- Applicant must address an urgent need or problem in the South Boston community

All proposals and supporting documents must be complete upon initial submission, and must be typed. ***NO HANDWRITTEN OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED.***

Completed Applications and required attachments must be received by JCS, *no later than April 21, 2015 at 5 PM.* No extensions will be granted.

SUBMIT ONE ORIGINAL AND ONE COPY TO:

Mayor's Office of Jobs & Community Services (JCS)

Attention: Kimberly Burson

43 Hawkins Street

Boston, MA 02114

Email: Kimberly.Burson@Boston.gov

Questions may be directed to the Office of Jobs and Community Services at 617.918.5279.

BOSTON REDEVELOPMENT AUTHORITY COMMUNITY BENEFIT FUND PROGRAM APPLICATION PROCEDURES *CONTINUED*

- Follow the prescribed format for Application preparation closely. Present information in the order indicated. Submit all requested information or indicate not applicable (N/A), where appropriate.
- Do not submit materials other than those specifically requested. Letters of Support and Appendices submitted under separate cover will be discarded.
- If you are applying for more than one activity, you must submit a separate application.

NOTICE

If Applicant makes a false statement or misrepresentation in this Application to obtain Community Benefits funds and funds are awarded, the funds and grant agreement will be in default and the BRA may declare all of any part of the funds paid out immediately due and repayable to the BRA and the contract voided.

FUNDING DECISION

Review Committee recommendations for funding will be approved by the BRA Board. A grant agreement will be executed prior to any disbursements of funds. Recommendations will be based on a variety of factors, including but not limited to, specificity and clarity of plan, cost, and past program experience.

Successful Applicant must provide a written summary of accomplishments as a result of the grant, and its expenditures, after 90 days of the grant completion

**BOSTON REDEVELOPMENT AUTHORITY COMMUNITY BENEFIT FUND
APPLICATION EXECUTIVE SUMMARY**

Total Amount Requested \$ _____

| |
|--|
| Applicant Organization Name: _____ |
| Organization Address: _____ City: _____ Zip: _____ |
| Contact Person: _____ |
| Title: _____ |
| Telephone Number: _____ |
| E-Mail Address: _____ |
| Is Applicant a 501(C) (3) organization? Yes _____ No _____ |
| Federal Employer Identification Number: _____ |
| Executive Director: _____ Phone Number: _____ |
| Email Address: _____ |
| Board President: _____ Phone Number: _____ |
| Email Address: _____ |

- Organization has received funds from BRA in the past 18 months
- Organization has not received funds from BRA in 18 months

Application submission(s) must be authorized and signed by an authorized signatory of the Organization.

Name and title of Authorized Signatory: _____

Signature of Authorized Signatory: _____

NOTICE

If Applicant makes a false statement or misrepresentation in this Application to obtain Community Benefits funds and funds are awarded, the funds and grant agreement will be in default and the BRA may declare all of any part of the funds paid out immediately due and repayable to the BRA and the contract voided.

B. BUDGET AND RESOURCES LEVERAGED

Include a proposed budget for your program utilizing the appropriate attached budget forms depending on the type of funding you are requesting.

Please state the requested amount and include a narrative to explain how these funds may be leveraged to successfully implement the proposed Program Design (Part A) (1000 words maximum).

Budget and revenue forms are on the following pages.

AGENCY BUDGET EXPENSES

A Separate Budget is required for each source of funds for which you are applying; combined budgets for different activities are not acceptable and will result in a score of zero for this section.

Organization: _____

Program Name: _____

Show a proposed budget for the program for which you are applying. Include all committed and pending funds for your program.

| Category | Requested Funds | Committed Funds (list source) | Pending Funds (list source) |
|---|-----------------|----------------------------------|--------------------------------|
| Personnel | | | |
| Fringe Benefits | | | |
| Occupancy/Utilities | | | |
| General Services (training, travel, printing, advertising, memberships) | | | |
| Supplies (office products, postage, computer and cleaning supplies, etc.) | | | |
| Contractual Services (accounting, legal, consulting, insurance) | | | |
| Equipment (Purchase/Rental) | | | |
| Other Costs (Describe) | | | |
| TOTAL COSTS | | | |

AGENCY BUDGET REVENUE

Inclusive of *all* programs operated by your agency.

Organization: _____

Show a three year history of actual revenue received by your agency for the three year period shown.

If more space is needed, continue with another page.

| CATEGORY | 2011 | 2012 | 2013 |
|---|------|------|------|
| Government Grants (list sources) | | | |
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |
| Subtotal | | | |
| Foundation Grants (list sources) | | | |
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |
| Subtotal | | | |
| Other Revenue (list sources) | | | |
| A. | | | |
| B. | | | |
| C. | | | |
| D. | | | |
| Subtotal | | | |
| TOTAL REVENUE | | | |

PART 2: EXPERIENCE

1. How long has your agency been performing the specific activity for which you are applying? _____
Describe your agency's specific experience in providing the service for which funding is requested (1000 words maximum).

2. How many staff will work on performing the activity? _____
Describe your agency's specific **staff experience** in providing the service for which funding is requested (1000 words maximum).

ACCOMPLISHMENTS

Summarize your performance during the past two years including stated goals and actual accomplishments realized to date (1000 words maximum).

BOARD OF DIRECTORS ROSTER FOR AGENCIES

Date Completed: _____

| NAME & TITLE | RACE | ADDRESS <i>INCLUDE CITY, STATE & ZIP</i> | TERM EXPIRATION |
|--------------|------|---|--------------------|
| NAME: | | | |
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The Slate of Officers of the Board Shall Commence on _____ and End on _____.