



**boston planning &  
development agency**

## **APPLICATION FOR COMMUNITY BENEFITS**

**Longwood Center**

**Longwood Medical Area & Mission Hill**

**APPLICATIONS DUE: September 13, 2017 by 5pm**

**Boston Planning and Development Agency &**

**The Mayor's Office of Workforce Development**

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## COMMUNITY BENEFIT FUND APPLICATION

On April 29, 2008, the Boston Redevelopment Authority Board, now the Boston Planning and Development Agency (“BPDA”), approved the Longwood Center Project in the Longwood Medical and Academic Area, Boston, Massachusetts. As part of this approval, the developer contributed funds to the BPDA to be used by organizations providing services in the neighborhoods adjacent to the Project. **\$75,000** will be available to organizations in this round of funding.

Applicants are required to submit to the BPDA a detailed budget and comprehensive plan describing their objectives and goals if they are to receive funding.

Applicants are required to submit to the BPDA a plan that describes how the applicant will utilize the community benefit funds to address the objectives listed below in a manner that will produce the greatest measurable impact on the community. All awards will be subject to BPDA Board authorization and chosen applicants will be required to enter into a grant agreement with the BPDA.

The BPDA sets forth basic objectives against which the plan and the applicant’s performance under the plan will be evaluated by the BPDA. The applicant must state how it will pursue these objectives.

Objectives:

- **Applicant’s services must benefit the Longwood Medical Area, Mission Hill, and/or adjacent neighborhoods.**

## PROPOSAL CHECKLIST

### **Applications Are Due: 9/13/2017 by 5pm**

As a final step before submitting your application, use this checklist to ensure that your application is complete.

All organizations applying for community benefit funds must complete and submit *ONE ELECTRONIC COPY* of the following BPDA community benefit fund documents.

- Completed Application
- Program Budget
- Nonprofit Board of Directors Roster
- Federal Tax Exemption Determination Letter
- Organization Certificate of Good Standing  
(Provided by the Secretary of the Commonwealth's Office)

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

Board members must disclose if they, or any immediate family members, are employees of the BPDA and may not participate in the review and/or approval of a grant award.

Proposals must be emailed to the below email address. Incomplete, hand-delivered, or mailed applications will not be accepted.

Completed applications and required attachments must be received no later than **9/13/2017 by 5pm**. No extensions will be granted.

### **SUBMIT YOUR ELECTRONIC APPLICATION TO:**

Brian Norton

Mayor's Office of Workforce Development (OWD)

Email: [brian.norton@boston.gov](mailto:brian.norton@boston.gov)

617-918-5283

## APPLICATION PROCEDURES

As designated by the BPDA, an applicant for community benefit funding must be a nonprofit corporation operating in Massachusetts and/or an organization that has identified a local nonprofit to act as its fiscal agent.

If an applicant applies for funds using a local nonprofit corporation as its fiscal agent, an agreement must be signed by the authorized signatories for each organization indicating the relationship between the parties with respect to the application for community benefit funds. This agreement must be submitted by the application deadline.

In addition, all funded activities must be eligible and meet the objectives set forth by the BPDA:

- **Applicant's services must benefit the Longwood Medical Area, Mission Hill and/or adjacent neighborhoods.**

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.

If an applicant makes a false statement or misrepresentation in this application to obtain community benefit funding and funds are awarded, the funds and grant agreement will be in default. The BPDA may declare all or any part of the funds repayable to the BPDA and the contract voided. The applicant may also be barred from applying for future community benefit funding.

Please note that some proposals may require City of Boston or other public agency approvals (Public Improvements Commission, Boston Parks Department, etc.). If an applicant is awarded funding for a proposal requiring public agency approvals, disbursement of funding will be contingent upon such approvals. It is incumbent on the applicant to find out if its proposal requires public agency approvals.

Review committee recommendations for funding will be approved by the BPDA Board. A grant agreement will be executed prior to any disbursement of funds. Recommendations will be based on a variety of factors including specificity and clarity of plan, cost, conformity with the stated objectives, and projected outcomes if funding is awarded.

Successful applicants must provide a written summary of accomplishments, and expenditures, within 90 days after grant completion.

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

E-Mail Address: \_\_\_\_\_

Board President: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

- Organization has received funds from BPDA in the past 18 months
- Organization has NOT received funds from BPDA in the past 18 months

***Applications must be authorized and signed by an authorized signatory of the Organization:***

Name and Title of Authorized Signatory:

\_\_\_\_\_

Signature of Authorized Signatory:

\_\_\_\_\_

## Program Design

- 1) Describe the specific activity or project to be performed with the funds and the goals of the program (1000 words maximum).

- 2) Describe the expected outcomes expected as a result of the program.

- 3) List any stakeholders or partners involved in the project.

### Experience

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



2) If your organization plans to conduct the project in-house, how many staff will work on the project?\_\_\_\_\_ Describe your agency's specific staff experience in conducting this type of work (1000 words maximum).

3) If your organization plans to hire a contractor to perform some or all of the work, please name the contractor and describe their specific experience that qualifies them for the project.

## ACCOMPLISHMENTS

Has your organization worked on similar projects before? If so, describe.

## BUDGET AND RESOURCES LEVERAGED

Include a proposed budget for your program (Using your own budget form).

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