

**APPLICATION FOR COMMUNITY BENEFITS**371 – 401 D STREET DEVELOPMENT

SECOND ROUND

## APPLICATIONS DUE: 7.20.2015 BY 5 PM

## Boston Redevelopment Authority &

##  The Mayor's Office of Workforce Development (OWD)

####

#### 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 $25,000.

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 objectives listed below 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. The BRA recently instituted a pilot program that created a community benefit application to gauge the effectiveness of distributing community benefits money in this open and transparent way, and the pilot application resulted in the distribution of $400,000 to selected South Boston community organizations. This second round of funding will allocate the remaining $230,000 from the D Street Development Project. These community benefit monies are to be reinvested into the South Boston area. Using this 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, and 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: 7.20.2015 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 ELECTRONIC Copy* of the following BRA Community Benefit Fund documents:

* Completed Application
* Program Budget
* Corporate Board of Directors Roster
* Organization Certificate of Good Standing
(provided by the Secretary of the Commonwealth’s Office)
* Federal Tax Exemption Determination Letter

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

Proposals must be emailed to the below email address. Incomplete, hand-delivered, or mailed applications will not be accepted. All proposals that are received after the closing date ofJuly 20, 2015 at 5 PMwill not be reviewed. No exceptions will be granted.

Completed applications and required attachments must be received no later than July 20, 2015 at 5 PM*.* No extensions will be granted.

SUBMIT YOUR ELECTRONIC APPLICATION TO:

Kimberly Burson

Mayor’s Office of Workforce Development (OWD)

Email: Kimberly.Burson@Boston.gov

Questions may be directed to Kimberly at 617.918.5279.

\*\*Please note: If you applied in the D Street Community Benefit first round and did not receive funding, you can choose to have your application reconsidered for this second round. You must email Kimberly Burson directly to request a second round review of your application. Your previous application will not automatically be considered unless you specifically request it be submitted for this round of funding. Applicants that were awarded funds in the D Street Community Benefit first round are not eligible for round 2 funding.

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:

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

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 you are applying for more than one activity, you must submit a separate application for each activity.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. PROGRAM DESIGN

1. Describe the specific activity to be performed with the funds and the goals of the program (1000 words maximum).
2. Describe your agency’s outreach and all of the methods that will be used to inform eligible persons about your program. Include the number of people to be served by your program (1000 words maximum).
3. Outcomes: Describe the expected outcomes (results, impact or changes) expected as a result of your program. Please include how you will measure program success (data, metrics, etc). Describe how these expected outcomes contribute to one or more of BRA's long term outcomes, which are (1500 words maximum):
* Applicant's services must principally benefit the overall neighborhood
* Applicant must show need to supplement programs or efforts that are seen as beneficial for the entire neighborhood and the general public
* Applicant must address an urgent need or problem in the community

B. 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).

1. 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).

C. ACCOMPLISHMENTS

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

D. 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 may be leveraged to successfully implement the proposed Program Design (Part A) (1000 words maximum).