## Request for Proposals (RFP)

## **City of Canton, Ohio**

Purchasing Department 218 Cleveland Ave. SW, 4<sup>th</sup> floor Canton, Ohio 44702

American Rescue Plan Act (ARPA) 2024 Summer Program/Project						
Request for Proposal						
Item/Project						
Community Developme	ent					
Responsible Departme	nt					
February 16, 2024 4:00	pm					
Proposals Due On or B	efore					
	Proposal Submitted By:					
Company Name						
Street Address						
City	State	Zip				
Contact Person	Phone No	Fmail Address				

# Request for Proposals City of Canton

#### American Rescue Plan Act (ARPA) 2024 Summer Program/Project Request for Proposal

The Department of Community Development, on behalf of the City of Canton, is requesting proposals for the 2024 AMERICAN RESCUE PLAN ACT (ARPA) Summer Program/Projects for registered Stark County, OH agencies. This document provides instructions for submitting applications, criteria and eligible applicants. The project will be responsible for providing summer enrichment activities to mitigate summer learning loss for youth residing in Canton, Ohio. Activities may include any of the following: classroom instruction, enrichment, recreational activities, employment opportunities and administrative services for City of Canton youth during the traditional months of May – August 2024. Applicants who received previous City of Canton funds for summer projects are highly encouraged to apply. Please provide a detailed sustainability plan from other financial sources for future summer learning and enrichment projects for FY 2025.

<u>Criteria</u> – Applicants will provide summer enrichment activities to mitigate summer learning loss for youth residing in Canton, Ohio. Activities may include any of the following: classroom instruction, enrichment, recreational activities, employment opportunities and administrative services for City of Canton youth during the traditional months of May – August 2024. Applicants will be required to adhere to the eligibility requirements of ARPA, comply with United States Treasury guidance as laid out in the SLFRF Final Rule and related federal laws.

<u>Need</u> – Applicants will address a philosophy on mitigating summer loss for students. Identify population served, include area, location or targeted schools in Canton, Ohio. Address HUD's income definition and numbers of low-moderate income (LMI) students expected to serve. Explain why the program or activity is necessary to assist students post COVID 19 pandemic.

**Objectives** – List a minimum of 3 attainable objectives using measurable outcomes.

<u>Performance Plan</u> – Identify a timeline of activities. Explain the plan of operation including recruitment and selection of Canton participants. Timeline must address objectives. Discuss curriculum, workshops, administration, monitoring and key personnel roles. If applicable, describe career development plan, including process to recruit and obtain community employers or supporters. Attach budget and budget narrative outlining activities. Insert leverage of funds and plans to financially sustain the program for summer activities in FY 2025.

**<u>Evaluation</u>** – Provide summative and formative evaluations for objectives and performance plan.

This RFP is not for product or curriculum development. Funding is for in-person programming for Stark County Agencies and youth residing in Canton, OH.

The total amount to be awarded is estimated to be \$500,000. The priority will be given to applications where there are matching funds that demonstrate continued sustainability without the use of ARPA funds.

#### **Questions**

Please direct all questions regarding this RFP in writing by **4:00 PM local time on February 9, 2024,** to:

City of Canton Community Development Department <a href="mailto:communitydevelopment@cantonohio.gov">communitydevelopment@cantonohio.gov</a>

#### **Deadline and Submission Procedures:**

ARPA Summer Program/Project applications are available online at:

https://www.cantonohio.gov/264/Community-Development.
Applicants interested in being considered for funding must provide their proposals by 4:00 P.M. on February 16, 2024. Submit your completed application to <a href="mailto:communitydevelopment@cantonohio.gov">communitydevelopment@cantonohio.gov</a>. All applications must be submitted prior to the deadline of Friday, February 16, 2024.

Contract Dates	May 1, 2024 through August 31, 2024	
	Program Year begins – <b>Wednesday, May 1, 2024</b>	
Application Submitted Timeline	Application Period Opens – <b>Thursday, February 1, 2024</b> Application Period Ends – <b>Friday, February 16, 2024.</b>	
	purchasing @ curtonomo.gov	
Jasimitted Questions	purchasing@cantonohio.gov	
Submitted Questions	<pre>communitydevelopment@cantonohio.gov  Send submitted questions in advance to:</pre>	
RFP Contact	(330) 489-3330	

#### 4

#### **Evaluation and Award Process**

The City of Canton reserves the right to reject any or all proposals and to waive any informalities or irregularities in applications/proposals received. Technical Assistance can be scheduled by calling 330-489-3330.

By order of the Director of Public Service John M. Highman Director of Public Service

Published in The Repository January 15 and 22, 2024

# City of Canton Department of Development Notice of Funding Available



The American Rescue Plan Act was signed into law by President Biden on March 11, 2021

2024

Mayor, William V. Sherer II Sherice L. Freeman, Community Development Director

# 2024 American Rescue Plan Act (ARPA) Application Summer Youth Programs

Legal Name of Organizati	on:			
Mailing Address:				
Project Name:				
Troject Hamel				
Project Address/Location	:			
			Locate	ted in Council Ward#:
Agency Federal Tax ID#				
Agency UEI number				
rigency of Hamber				
Total Project Cost:	\$		Funding Requested	d: <u>\$</u>
		Mississ Ct		
		Mission St	atement	
Organization Mission Sta	tement:			

Contact Person (This is the person who will recorrespondence, telephone calls, e-mails,	- · · · · · · · · · · · · · · · · · · ·
Name:	
Title:	
Telephone:	Fax:
E-mail:	
Contact for financial information if different fr documents and requests for disbursement, e	om above. (This is the person who will sign all tc.):
Name:	
Title:	
Telephone:	Fax:
E-mail:	
Signature of Authorized Applicant Represer	ntative Date
Name and Title of Authorized Applicant Ro	epresentative (Please print or type)

## **Project Summary**

Additional pages may be added if needed.

Briefly describe the proposed project. The narrative should include the need or problem to be addressed, as well as the population to be served or the area to benefit.
Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method or approach, and the implementation schedule.
Describe clients to be served in terms of age, gender, ethnicity, income level, and other defining characteristics.
Who will carry out the activities?
What is the period over which the activities will be carried out?
For service programs, include how you propose to coordinate your services with other community agencies and leverage resources.

## **Sources and Uses of Funding**

ources (Examples) ersonnel	T ''	mes of Fil	nding Utiliz	zed					
	Sources (Examples) City ARPA Private In-Kind Other Federal State TOTAL								
1aterials									
upplies									
tudent Support									
ield Trips/Activities									
)ther									
otal									
unds, and foundations	s). All projec	ts must in		ling from other so		ding Amoun			
					- —				
	s). All projec	LIS MUSE II				ding .			

#### PERSONS BENEFITTED & ARPA COST PER BENEFICIARY

<ul> <li>How many persons will the project to □1,000+ □300-499 □100-199</li> </ul>	penefit within the qualified geographic area? □500-999 □200-299 □At least 50
<ul> <li>What is the ARPA cost per beneficial the number of beneficiaries.         □\$500 or less         □\$1,501-\$2,500         □\$4,001-\$6,000</li> </ul>	ry? To calculate this divide the ARPA requested amount by  □\$501- \$1,500  □\$2,501- \$4,000  □\$6,001- \$10,000
Describe Budget Narrative: (additional pages	may be added if needed)
ARPA funding is temporary, please explain funds.	financial sustainability for FY 2025 without using ARPA
Attach a list of staff who will be involved in their responsibilities related to this project	n the project. Include name, title, years of experience and .

Agency Information
How many years has the agency been in service?
List the types of services the agency provides.
How many people does the agency serve? Provide a breakdown by characteristic, i.e., youth, elderly.
Describe the agency's experience with federal programs and the agency's capacity to carry out this program.

# Attachment I ACTIVITY TYPES

1	ACIIVIII IIPES
	Acquisition or Disposition of Real Property
	Public Facility Improvements
	Senior Centers
_	Handicapped Centers
_	Homeless Facilities
	Youth Centers
_	Neighborhood Facilities
_	Parks, Recreational Facilities
$\perp$	Parking Facilities
$\perp$	Sidewalks
	Child Care Centers
	Tree Planting
	Health Facilities
	Facilities for Abused and Neglected Children
	Asbestos Removal
	Facilities for AIDS Patients
	Operating Costs of Homeless/AIDS Patients Programs
	Providing public services
	Senior Services
	Handicapped Services
	Legal Services
	Youth Services
	Transportation Services
	Substance Abuse Services
	Services for Battered and Abused Spouses
	Employment Training
	Crime Awareness/Prevention
	Tenant/Landlord Counseling
	Child Care Services
	Health Services
	Services for Abused and Neglected Children
	Mental Health Services
	Housing Counseling
	Neighborhood Cleanups
	Food Banks
	Direct Homeownership Assistance
	Housing Rehab Program
	Economic Development
	Direct Financial Assistance to For-Profits
	Technical Assistance
	Micro-Enterprise Assistance



#### Attachment II

(Complete and submit with application)

#### BIDDER AND CONTRACTOR EMPLOYMENT PRACTICES REPORT

#### I. INSTRUCTIONS

#### I. INSTRUCTIONS

- A. This form is designed to provide an evaluation of your policies and practices relating to the extension of equal employment opportunity to all persons regardless to race, religion, color, sex, age, national origin, disability, sexual orientation, or sexual identity.
- B. City of Canton Codified Ordinance 507 and rules and regulations pursuant thereto provide for a contract compliance inspection of personnel policies and practices related to any contract with the City including contracts for work, labor, services, supplies, equipment, materials, leases, concession agreements, and permits.
- C. Completion of this Contractor and Bidder Employment Practices Report is one of the steps which demonstrate compliance with the City's Equal Employment Opportunity Program. Responsibility for demonstrating compliance with the Program by the vendor and its subcontractors rests with the vendor or subcontractor. Such demonstration is a pre-requisite for continued eligibility for the award City contracts.

#### II. VENDOR OR BIDDER INFORMATION

1. REPORTING STATUS

a. Prime Contractor	b. Prime Sub-Contractor	c. Supplier	d. Other (Specify)								
2.Name, Address, and Teleph	_I HONE NUMBER OF BIDDER COVERED	BY THIS REPORT:									
3 NAME ADDRESS AND TELEPI	HONE NUMBER OF PRINCIPAL OFFICE	IAL OR MANAGER OF BIDDER.									
O. NAME, ADDICESS, AND TELET	TONE NOWBER OF TRINGILAR OF TO	AL OR MANAGER OF BIDDER.									
4. NAME, ADDRESS, AND TELEP	HONE NUMBER OF PRINCIPAL OFFICE	e of Bidder:									
ALUATION											
□ Compliance											
□ Non-Compliance	□ Follow-Up Nee	eded									

#### III. POLICIES AND PRACTICES

The bidder and the Contractor will indicate his willingness or unwillingness to comply with the requirements of the Equal Employment Opportunity Program of the City of Canton by encircling the applicable letter associated with each item below. The letters are interpreted as follows:

**A**. Current Practice unable to adopt policy

 $\textbf{B}. \ \ \text{Company will immediately adopt this policy} \quad \textbf{C}. \quad \ \text{Company is unwilling or is}$ 

CIR	CLE O	NE	ITEMS	STATE REASON IF (C) IS CHECKED
Α	В	С	<ol> <li>The Company will adopt a policy of non-discrimination on the basis of race, religion, color, sex, age, national origin, disability, sexual orientation, or sexual identity, with regard to recruitment, hiring, training, upgrading, promotion and discipline of employees or applicants for employment. This policy will be communicated in writing to all employees, subcontractors, recruitment sources and all relevant labor organizations and unions.</li> </ol>	
A	В	С	<ol> <li>The Company will develop procedures which will assure that this policy is understood and carried out by managerial, administrative, supervisory personnel.</li> </ol>	
Α	В	С	3. The Company will use recruitment sources such as employment agencies, unions, and schools which have a policy of referring applicants on a non-discriminatory basis.	
Α	В	С	4. The Company will participate in training programs for the benefit of employees or prospective employees, according to the intent of City Codified Ordinance 507.	
A	В	С	<ol> <li>Company recruiters will seek a broad recruitment base in order that a representative cross-section of applications might be obtained, and will refrain from a hiring policy which limits job applicants to persons recommended by company personnel.</li> </ol>	
Α	В	С	<ol> <li>Company will take steps to integrate any position, departments, or plant locations which have no minority persons, or are almost completely staffed with one particular ethnic or racial group.</li> </ol>	
A	В	С	7. Company will review its qualifications for each job to determine whether such standards eliminate unemployed persons who could, if hired, perform the duties of the job adequately. The following qualifications should be reviewed: Education, Experience, Tests, and Criminal Records.	
Α	В	С	Residence in a particular geographical area will not be a qualifying or disqualifying criterion for employment with the Company.	
Α	В	С	The Company will provide that all bargaining agreements with employee organizations, including labor unions, have non-discrimination clauses requiring equal employment opportunity.	

#### IV. EMPLOYMENT DATA

Please note that this data may be obtained by visual survey or post-employment records. Neither visual surveys nor post-employment records are prohibited by any Federal, State or local law. All specified data are required to be filled in by law. Please provide truthful and accurate information. If information provided is found to be false, bidder/contractor will be subject to the loss of all future awards.

	Overall Total	 	MALE			FEMALE				
	Male & Female	Female	African American	Asian American	Native American	Hispanic	African American	Asian American	Native American	Hispanic
Officials, Managers, & Supervisors										
Professionals										
Technicians										
Part-Time Seasonal										
Office and Clerical										
Craftsmen (Skilled)										
Operatives (Semi-Skilled)										
Laborers (Unskilled)										
Service Workers										
TOTAL										

	includes major changes in employment, changes in composition of reporting units, and other pertinent information. Use a separate sheet if additional space is required.
<b>'</b> .	Additional Information (Optional)
	Describe any other action taken which show that all employees are recruited, hired, trained, and promoted without regard to their race, religion, color, sex, national origin, disability, sexual orientation, or sexual identity. Use separate sheet if additional space is required.

REMARKS: Please explain any identification data appearing on the last report which differs from that given above. This

#### VI. POLICY STATEMENT

VII.

Date of Signing

	NTRACTS BE SIGNATURES OF THE FOLLOWING STATEMENTS:					
1)	IT IS THE POLICY OFTHAT EQUAL EMPLOYMENT OPPORTUNITIES BE AFFORDITO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY, SEXUORIENTATION, OR SEXUAL IDENTITY.					
2)	IN SUPPORT OF THIS DOCUMENT WILL NOT DISCRIMINATE AGAINS ANY EMPLOYEE OR APPLICANT BECAUSE OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY, SEXUAL ORIENTATION OR SEXUAL IDENTITY.					
3)	WILL TAKE AFFIRMATIVE ACTION TO INSURE THA					
-,	APPLICANTS FOR EMPLOYMENT AND CURRENT EMPLOYEES ARE TREATED FAIRLY WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE NATIONAL ORIGIN, DISABILITY, SEXUAL ORIENTATION, OR SEXUAL IDENTITY. SUCH ACTION WILL INCLUDE BUT NOT BE LIMITED TO RECRUITMENT, ADVERTISING, OR SOLICITATION FOR EMPLOYMENT, HIRING, PLACEMENT, UPGRADING, TRANSFER OR DEMOTION SELECTION FOR TRAINING INCLUDING APPRENTICESHIP RATES OF PAY OR OTHER FORMS OF COMPENSATION, LAYOFFS OR TERMINATION					
4)	WILL MAKE EVERY EFFORT TO COMPLY WITT MINORITY UTILIZATION GOALS AS FOLLOWS: (9%) NINE PERCENT MINORITIES IN YOUR WORKFORCE ON THE JOB, (6.9%) SIX POIN NINE PERCENT FEMALE UTILIZATION ON THIS JOB, AND (10%) TEN PERCENT OF CONTRACT AMOUNT EXPENDED WITH MINORIT BUSINESS ENTERPRISES, WOMEN-OWNED BUSINESS ENTERPRISES OR A COMBINATION OF BOTH.					
5)	SHALL REQUIRE EACH SUBCONTRACTOR HIRED FO					
	THIS PROJECT TO ADHERE TO THIS STATEMENT.					
	SIGNATURE					
	THE UNDERSIGNED CERTIFIES THAT HE/SHE IS LEGALLY AUTHORIZED BY THE VENDOR/BIDDER TO AFFIRM ALL INFORMATION AND STATEMENTS INCLUDED IN THIS EMPLOYMENT PRACTICES REPORT. THAT HE/SHE HAS READ ALL OF THE FOREGOING STATEMENTS, REPRESENTATIONS AND AFFIRMATIONS AND THAT THEY ARE TRUE AND CORRECT TO THE BEST OF HIS/HEI KNOWLEDGE AND BELIEF. THE UNDERSIGNED, UNDERSTANDS THAT IF ANY OF THE STATEMENTS AND REPRESENTATIONS ARE MADE KNOWING THEM TO BE FALSE OR THERE IS A FAILURE TO IMPLEMENT ANY OF THE STATED INTENTIONS OR OBJECTIVES, SET FORTH HEREIN, WITHOUT PRIOR NOTICE TO THE OFFICE OF COMPLIANCE, THE BIDDER/CONTRACTOR COULD BE SUBJECT TO LOSS OF CURRENT AND FUTURE AWARDS.					
	Firm or Corporation Name:					

#### **ENVIRONMENTAL CERTIFICATION**

Attachment III

The business or organization understands and agrees that:

- All Federally funded projects must obtain environmental clearance prior to any portion of the project moving forward or project funds will be rescinded and/or repaid to the City of Canton Department of Development.
- The environmental review must cover the **entire scope of the project**, as presented in this application. The project is defined and includes all line items listed in the application and all aspects necessary for the successful completion of the project, including both **private** and **public**, on- and off-site investment, by any party.
- If the project involves construction, federal regulations may require that a public notice be published in the area's newspaper of general circulation and that a public comment period be observed. This process will take a minimum of 45 days. If comments are received, this process may take longer.
- Local and regional governmental and civic bodies must be notified of the project's potential effects on various aspects of the environment. In addition, the environmental review process may include coordination with several regulatory entities. These entities may have requirements such as archaeological studies, special permitting, and mitigation measures.
- If a purchase option is offered prior to the environmental review being completed, the option must contain contingency language indicating that there will be no transfer of the title to the purchaser until all environmental review procedures have been completed. Any deposits made must be nominal or refundable.

	_ (business or organization) understands the information of the project until a written clearance is obtained by the this commitment on behalf of
This certification is duly authorized and	executed this day of 20
Signature	Witness
Authorized Business or Organization Representative Typed or Printed Name and Title ************************************	Witness Name Typed or Printed  ***********************************
•	The City of Canton, I certify that I have explained the athorized business or organization representative.
Signature	Environmental Review Analyst (Typed or Printed Name and Title)

#### **FAIR HOUSING CERTIFICATION**

Attachment IV

I hereby certify on behalf o	f the following agency:
	, that there are no current,
past, or unresolved fair housing vi	olations. I also certify that if a Conciliation Agreement has
been entered into with the City of	Canton Fair Housing Commission, there are no past or
current violations of non-complian	ce to any agreement.
	Printed Name On behalf of the Agency
	Signature On behalf of the Agency
	Date
**********	****************
On Behalf of the City of Canton Fa	ir Housing Commission:
I have verified the al	bove information and confirm that the above is accurate
and that there are no current, pas	t, or unresolved fair housing violations. I also certify that if
a Conciliation Agreement has beer	n entered into with the City of Canton Fair Housing
Commission, there are no past or	current violations of non-compliance to any agreement.
	Fair Housing Manager
	Date
EQUAL HOUSING	Date

OPPORTUNITY

#### **Handicapped Accessibility Statement**

Required for projects involving public services or rehabilitation of public facilities

Attachment V

(Complete and submit with application)

Yes No There is sufficient accessibility so that persons with disabilities have an equal opportunity to participate in and benefit from the program.					
Yes No The same range of choices and amenities are offered to persons wit disabilities as those offered to others.	·				
Yes No Steps are taken to assure that information regarding the availability accessibility assistance reaches individuals with disabilities.	of				
Yes No Reasonable non-discriminatory steps are taken to maximiz participation by eligible individuals.	ize				
Yes No Are offices and facilities located on an accessible route and thos which can be approached, entered, and used by individuals with physical disabilities?					

The Federal Fair Housing Act (FHAct) 42 U.S.C. §§ prohibits discrimination in housing practices on the basis of race, color, religion, sex, national origin, familial status, and disability. The Act prohibits housing providers from discriminating against persons because of their disability or the disability of anyone associated with them and from treating persons with disabilities less favorably than others because of the disability. The Act also requires housing providers "to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person(s) equal opportunity to use and enjoy a dwelling." In addition, the Act requires that housing providers allow tenants to make reasonable modifications to units and common spaces in a dwelling. The Act applies to the vast majority of privately and publicly owned housing including housing subsidized by the federal government or rented through the use of Section 8 voucher assistance.

Mechanical rooms and other spaces that, because of their intended use, will not require accessibility to the public or beneficiaries or result in the employment or residence therein of individuals with physical disabilities are not required to be made accessible in projects.

#### **AFFIDAVIT**

PROGRAM NAME:				<u> </u>	
BUSINESS' NAME:					
BUSINESS' ADDRESS:				_	
STATE OF OHIO ) SS COUNTY OF STARK )					
TO WHOM IT MAY CONCERN:					
The undersigned certifies that or any officers, director, trustee, or their sp in the payment of any indebtedness to the property taxes, water and sewer charges of Canton.	oouse and/or of City of Cant	other immediate fan on, including City l	Income Tax, re	( <u>are/are not</u> ) eal estate taxe	es, personal
The undersigned hereby authorizes the Ci Economic Development Department of the the existence of any income tax delinquen	e City of Car	Income Tax Department Income Inc	rtment to relea	ase to the Corome tax filing	nmunity & g status and
Further, the undersigned states that (he/(any/the following) City of Canton emplo			personally and	l/or through	ousiness to
COMPLETE ONLY IF RELATIONSHIP	EXISTS:				
1)					
RELATIVE'S NAME		RELATIVE'S	STITLE/DEP	Γ.	
2)	<u></u>				
2) RELATIVE'S NAME		RELATIVE'S	TITLE/DEP	Γ.	
UEI No					
	Signed	(Signatu	re/Title)		_
	Signed	(Signatu	re/Title)		
Sworn to before me and signed in my pres	sence this	day of		, 20	
- · · ·					
	My comm	ission expires			

N:\Nonprofit\FORMS\affidavit attachment III.wpd