

MULTI-USE FACILITY PROPOSAL TEMPLATE

FOR CONCEPTUAL PLANNING

Multi-Use facilities can meet a variety of needs in Alaska. If properly planned they can enhance the delivery of vital community services and serve as the keystone of a sustainable community. This Proposal Template is designed to assist communities to complete a proposal for funding the conceptual planning of a Multi-Use Facility. Such a facility should provide for the consolidation of essential community services (current or planned), eliminate the duplication of services and increase the efficiency with which services are delivered. See the current Request for Proposals on the [Multi-Use Facility home page](#) for details on the proposal process.

DIRECTIONS

- 1. Read the RFP thoroughly and carefully. It includes important information concerning eligible projects and funding requirements.**
- 2. Answer all the questions and provide backup information as requested.**
- 3. Expand the space between questions as much as needed to answer the question. If necessary, attach documents that provide more information.**
- 4. Insert rows in the tables, if necessary.**
- 5. Include all the required attachments.**
- 6. Make sure all attachments are clearly labeled.**
- 7. Obtain the required resolution and signatures.**
- 8. Mail or deliver to the appropriate address by the deadline.**

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I. Project Summary Form

Name of Applicant:		
Community(ies) to be served:		
Descriptive Title of Project:		
Proposed Time Line	Project Start Date:	Complete Date:

Cost Summary	
Source	Amount
Multi-Use Facility Program: (may not exceed \$20,000):	\$
Local Cost Share Match:	\$
Other Project Funding:	\$
Total Cost of Project:	\$

Facility Information		
	Existing Facility	Total New/Expanded Facility
Facility Square Footage		
Description of Multi-Use Space		

Representatives of the Applicant	
<u>Contact Person:</u>	(A person who submitted the proposal and can answer questions about it)
Name:	
Title:	
Phone & Fax #:	
Address:	
E-mail address:	
<u>Legal Representative:</u>	(A person who can conduct business on behalf of the Applicant)
Name:	
Title:	
Phone & Fax #:	
Address:	
E-mail address:	
Representative Signature:	Date:

II. Community Profile, Project Basics and Support

A. Community Information

1. Identify the community(ies) to be served.
2. Describe the geographic location of the community(ies).
3. Is there a post office located in the community? Yes No
4. Population as of the 2000 census. _____
5. Current population. _____

See the [DCA Community Database Online – Detailed Community Information](#) for these Population numbers. Choose to view the “General Overview” and the “2000 Population and Housing Characteristics.”

B. Problem Statement and Goals

1. State the needs to be addressed with this Multi-Use Facility. Why there is a need for a Multi-Use facility and what will this facility allow you to accomplish? Describe the facility and the services to be provided in the facility.
2. Explain the goals to be achieved with this Conceptual Planning Project, including all planned activities and outcomes of the project.
3. Describe how your community currently provides the services that will be provided by this Multi-Use facility.
4. Will your project do any of the following activities? Explain each item.
 - a. Consolidate essential community services (current or planned). Yes No
 - b. Eliminate the duplication of services. Yes No
 - c. Increase the efficiency with which services are delivered. Yes No

C. Existing Facilities

1. Will your project replace an existing multi-use facility? Yes No
If **YES**, what plans do you have for using the existing facility, (i.e., will it be demolished or used for other purposes)?
2. Will your project expand an existing multi-use facility? Yes No
If **YES**, describe your current facility – its condition, adequacy, suitability for continued use, and other pertinent information.

3. Will your project renovate (or repair) an existing facility? ___Yes ___No
- a. If **YES**, when was the facility built? _____
- b. Why does the facility need to be repaired?
- c. If the facility was built in or after 1995, please explain what exceptional circumstances necessitate repair. The proposal must **clearly demonstrate that the need for renovation is** not a result of abuse of the facility or neglect. In cases where renovation is requested for a facility less than ten years old, the Denali Commission requires exceptional evidence that the project is not due to abuse or neglect.

D. Community and Regional Support

The Commission recognizes that borough and local governments promote equity among Alaskans and that the existence of a state-chartered government increases the probability that basic infrastructure and services provided with Denali Commission funds will be sustained over the long term. The Commission also recognizes that other regional organizations share both responsibility and capacity to contribute to sustainability.

1. Have all partners involved in the funding and coordination of the project been identified? ___Yes ___No

2. Community Governance Organizations

Identify all governance organizations in your geographic area:

City:	
Tribal:	
Borough:	
Others:	

3. Community and Regional Organizations

List all organizations in your geographic area that support this project and the financial or other support has been committed by these organizations to support this project? Provide documentation from all organizations that are financially, or otherwise supporting, this facility. Label as **ATTACHMENT 1**.

Organization	Support Provided	Documentation Attached?

E. Existing Service Providers

1. Identify all service providers in your geographic area who offer similar or complimentary services to those that will be offered in this Multi-Use Facility. Provide copies of letters of support from any local providers who provide similar or complimentary services to your Multi-Use facility. Label as **ATTACHMENT 2**.

Service Provider	Services Offered	Letter of Support Attached?

2. Explain how other service providers will be affected by the new facility.
3. Explain any issues regarding competition between your Multi-Use facility and other providers in the community.

III. Applicant Information

A. Legal Name of the Applicant Organization

B. Type of Organization

<input type="checkbox"/>	Municipal Government
<input type="checkbox"/>	Regional Non-Profit Organization
<input type="checkbox"/>	Federally Recognized Tribal Government
<input type="checkbox"/>	Community-Based Non-Profit Organization

C. Administrative Capabilities

1. Identify the Applicant Project Manager, who will be responsible for the day-to-day management of this project.

Name:	
Title:	
Phone & Fax #:	
Address:	
E-mail address:	

2. Describe the Applicant Project Manager’s ability to manage grant funds and comply with Federal/State accounting and reporting requirements. Attach the Project Manager’s résumé and label as **ATTACHMENT 3**.
3. List other grants/funds that the applicant and/or the Project Manager has administered in the past; the amount of funds involved; and whether the projects were successfully completed.

Grant Program/ Agency	Year	Project Name	Amount of Funding	Was Project Successfully Completed?	Agency Contact (Name and Number)

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- 4. Does the applicant organization have the cash resources to administer a cost reimbursable grant agreement? ___Yes ___No
- 5. Will the applicant’s current staff be used to complete the conceptual planning? ___Yes ___No

If YES, please identify which staff and describe their duties in completing this Conceptual Planning Project. Attach their résumés and label as **ATTACHMENT4**.

- 6. Attach one copy of the organization’s most recent audit, including the management letter or certified financial statement. Label as **ATTACHMENT 5**. If findings are identified in the audit, describe how those have been resolved.

IV. Conceptual Planning Project Information

A. Community Planning Process

- 1. Does the community have a Comprehensive Community Plan that includes this project as a priority? ___Yes ___No

If **NO**, what steps will be taken to include the project in a Comprehensive Community Plan?

If **YES**, does DCCED have a copy of Community Plan on the [Community Plans Inventory website](#)? ___Yes ___No

If **NO**, attach a copy of the plan or the Title page, Table of Contents and the portion of the plan that addresses the proposed facility. Label as **ATTACHMENT 5**. To add your community's plan(s) to this list, please contact the [Division](#).

- 2. Explain how the governance organizations will be involved in the conceptual planning process for this project.
- 3. Explain how the existing service providers will be involved in the conceptual planning process for this project.

B. Services to be Provided

- 1. What are the basic life, health, and safety services to be provided in the multi-use facility and who will provide them?

Service	Provider	Percent of space used

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2. How will the remainder of the facility be used? (the portion of the facility not being used for basic life, health and safety)

Service	Provider	Percent of space used

3. Why have you chosen to combine these services in one facility? Describe how joint occupancy will make operational sense (save money on utilities, administration, etc.).

4. Does this proposed Multi-Use Facility include a Clinic, Washeteria, Elder Housing or any other activity that is to be separately funded by the Denali Commission?

___Yes ___No

If **YES**, what is the status of the project with the Denali Commission?

In Design, Completed Design, Other? _____

5. Who will use these services? Identify all users in your geographic area who will utilize this facility. Insert rows in the table if necessary.

Service	Type of User

6. Are any of these services limited to those who can pay? (e.g. serve only those who have the ability to pay, etc.) If yes, please explain.

7. Is the project associated with the relocation of a community due to imminent environmental threats?

C. Conceptual Planning Project Budget

1. Total Cost of your Conceptual Planning Project: \$_____.

Total project cost should include all costs related to the completion of the elements identified in your proposal.

Task Name	Amount
Community Outreach and Meetings	
Site Selection	
Site Control Process	
Project Financial Plan	
Business Plan for Operation and Maintenance of the Facility	
TOTAL	\$

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Attach a Detailed Project Budget, which includes the source of the budget information. Where did the budget estimates come from? Who was responsible for providing the information? Provide documentation and label as Label as **ATTACHMENT 7**.

2. Explain how compliance with the Successful Applicant Requirements detailed on pages 16 and 17 of the RFP will affect your total project cost?

D. Schedules and Timelines

1. What is the proposed schedule for completing the conceptual planning project?

Task	Beginning Date	Completion Date

2. Are there any obstacles that may delay the progress of the proposed project?
If **YES**, please explain: Yes No

V. Conceptual Planning Project Funding

	Description	Source	Subtotals	Total
1	Total Project Cost			\$
2	Total Local Cost Share Match	From question A below	\$	
3	Total Other Project Funding	From question B below	\$	
4	Total Secured Funding	Add lines two & three		\$
5	Funding Still Needed	Subtract line four from one		\$
6	Multi-Use Facility Request			\$

A. Secured Local Cost Share Match

No match is required for Conceptual Planning Projects; however, applicants that provide a cash match will be awarded extra points in the evaluation process. Federal funds cannot be used as local match for Multi-Use Facility funds unless explicitly provided by law. Examples of federal funds that may be used as cost share matches are NAHSDA, ICDBG, and CDBG funds. Provide documentation of the local match. It must be cash; no in-kind services are eligible to count as local match. Label as **ATTACHMENT 8**.

Description	Sources	Secured Status*	Amount
Cash			
Loans			
Grants			
Total Local Cost Share Match Amount	Enter at Conceptual Planning Project Funding, Line 2		\$

***Secured Status - Indicate by selecting one of the following options:**
 (1) Funds have been expended on project.
 (2) Funds have been secured and are in the organization's bank account.
 (3) Funds have not been received, but a funding agreement has been signed and executed.
 (4) You have received written notification that funds have been approved without contingencies.

B. Other Project Funding

If the project will cost more than the amount requested from the Multi-Use Facility Program identify the amounts to be provided by other funding resources. All funding must be secured before any Multi-Use Funds will be made available. Attach documentation of all other project funding and any explanation of the status of the funding. Label as **ATTACHMENT 9**.

Description	Source	Secured Status*	Amount
Total Other Funding	Enter at Conceptual Planning Project Funding, Line 3		\$

**Secured Status - Indicate by selecting one of the following options:*
 (5) Funds have been expended on project.
 (6) Funds have been secured and are in organization’s bank account.
 (7) Funds have not been received, but a funding agreement has been signed and executed.
 (8) You have received written notification that funds have been approved without contingencies.

C. Budget and Project Funding

Provide a breakdown of which budget line items each funding source will be covering.

Budget Line Items	Budget Amount	Funding Sources			
		Multi-Use Facility Funds			
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$

VI. Finalizing the Proposal for a Conceptual Planning Project

A. Resolution

The organization that is applying for the funding must provide confirmation of its **approval, support, and acceptance of the responsibilities** assigned to them in the proposal. Attaching a resolution from the organization will provide this confirmation. The resolution must also establish **signatory authority for an appropriate official** to conduct normal and usual business regarding the project. A sample resolution is provided on page seven. The suggested format may be adapted to the particular circumstances of applicant, provided the

new format correctly identifies the responsible participants and documents their commitment to the project.

Attach a copy of the resolution and a copy of the minutes of the meeting in which the council or board approved the resolution. Label as **ATTACHMENT 10**

B. Authorization to Request Federal Tax Information

Applicant projects must be consistent with the Denali Commission's Investment Policy (Investment Policy provided on web page www.denali.gov). In evaluating potential investments, the Commission will give priority to advocates who have historically demonstrated good faith in making and keeping financial commitments. One indicator of this is the applicant's history and current status with Internal Revenue Service. Applicants must attach an Authorization to Request Federal Tax Information with their proposal. Label as **ATTACHMENT 11.**

C. Waiver of Sovereign Immunity

Tribal entities must submit a resolution that includes a waiver of Sovereign Immunity from legal prosecution by the State for claims that may arise from utilization of an award from the Multi-Use Facility Program. The resolution is project specific and must include a brief description of the project and grant award amount. The required waiver is included in the proposal templates. Applicants are not at liberty to modify the language. Label as **ATTACHMENT 12.**

D. Checklist of Documentation Materials for Conceptual Planning Projects

Make sure all the required attachments are included in the proposal.

- ATTACHMENT 1** Community Support Documentation (required)
- ATTACHMENT 2** Existing Service Providers Support Documentation
- ATTACHMENT 3** Applicant Project Manager Résumé (required)
- ATTACHMENT 4** Applicant Staff Résumé's (required if staff are involved in the conceptual planning project)
- ATTACHMENT 5** Audit or Certified Financial Statement (required)
- ATTACHMENT 6** Comprehensive Community Plan
- ATTACHMENT 7** Project Budget Details(required)
- ATTACHMENT 8** Local Cost Share Match Documentation
- ATTACHMENT 9** Other Project Funding Documentation
- ATTACHMENT 10** Applicant Resolution and Council Meeting Minutes Approving the Resolution (required)
- ATTACHMENT 11** IRS Authorization Form (required)
- ATTACHMENT 12** Sovereign Immunity Waiver (required of Tribal Applicants)

E. Applicant Resolution

**AUTHORITY TO PARTICIPATE IN THE MULTI-USE FACILITY PROGRAM
AND APPLY FOR CONCEPTUAL PLANNING FUNDS**

RESOLUTION NUMBER _____

A RESOLUTION of the _____ (1) authorizing participation in the Multi-Use Facility Program.

WHEREAS, the Council/Board of Directors of _____ (1) wishes to provide a conceptual plan for the community of _____ (hereinafter the "Council" and the "Community");

WHEREAS, the Council wishes to respond to the Division of Community Advocacy Multi-Use Facility Request for Proposals;

NOW, THEREFORE, BE IT RESOLVED THAT the Council endorses the Multi-Use Facility proposal and commits to fulfilling the responsibilities and duties assigned to the Council in the proposal.

BE IT FURTHER RESOLVED THAT the _____ (2) of the Council is hereby authorized to negotiate and execute any and all documents required for granting and managing funds on behalf of this organization.

BE IT FURTHER RESOLVED THAT the _____ (2) is also authorized to execute subsequent amendments to said grant agreement to provide for adjustments to the project within the scope of services or tasks, based upon the needs of the project.

PASSED AND APPROVED BY THE _____ on _____, 2006.

IN WITNESS THERETO:

By: _____
Typed Name and Title

Attest: _____
Typed Name and Title

X _____
Signature

Signature

(1) Insert name of organization that is submitting the proposal

(2) Insert title of person responsible for project oversight, usually the Council President or entity CEO

F. IRS Authorization Form

AUTHORIZATION TO REQUEST FEDERAL TAX INFORMATION

We hereby authorize Paul McIntosh, Program Manager of the Denali Commission to obtain information from the Internal Revenue Service (IRS) concerning our federal tax returns for the tax Forms(s) 940, 941, 945, 720 and information return Forms W-3, W-2, 1096, and 1099 for all tax periods from 1996 to 2006. The following information may be released by the IRS to the Commission provided the request is made to the IRS within 60 days of our signature and date of this authorization.

[check all relevant boxes below]

- Whether we are currently in compliance with federal Employment and Excise tax filing requirements.
Whether we have failed to file Employment/Excise tax returns for which returns are currently due.
Whether we have failed to file Information returns (Forms W-3, W-2, 1096, 1099) and Civil Penalties are due.
Whether notices of Federal Tax Liens have been filed against us in any recording District.
Whether we currently have a formal payment arrangement for any amounts owed to the IRS.
The amounts of any currently outstanding balance due whether or not secured by any recorded Notice of Federal Tax Lien.

Specific use not recorded on Centralized Authorization File (CAF)

I certify I have the authority to execute this form with respect to the tax matters/periods covered.

X
Signature and Title
Name (Please Print)
Taxpayers Name
List all EINs used by Applying Entity
Taxpayers Address
Date

REPLY

Deemed Compliant by IRS

- Taxpayer is in compliance with federal employment and/or excise tax filing requirements.
Taxpayer is in compliance with Federal Tax Deposit requirements.
No recorded Notice of Federal Tax Lien against the above taxpayer(s) has been located.
Taxpayer owes federal taxes Years/Periods: Amount: but has a payment agreement and is current with the schedule of payments due

Deemed Non-compliant by IRS

- Taxpayer owes federal taxes Years/Periods: Amount: and has no payment agreement
Notice(s) of Federal Tax Lien Recorded: District State:
Lien Tax Years/Periods: Balance Due:
Federal Tax Lien(s) may be released for payment of: \$ by
Taxpayer has not filed for the following Information returns for the following tax periods:

FOR INTERNAL REVENUE SERVICE:

Title: Date:

G. Sovereign Immunity Waiver Resolution for Tribal Entities

RESOLUTION NUMBER _____

A RESOLUTION of the _____(1) applying for a Multi-Use Facility Program grant in the amount of \$_____(2) for _____(3), from the Alaska Department of Commerce, Community and Economic Development (hereinafter "Department"), and providing a waiver of sovereign immunity from legal prosecution by the State for claims, which may arise from the utilization of said grant.

WHEREAS, the _____(1) wishes to provide the above described project for the community of _____(4), and;

WHEREAS, the Department requires, as a condition of the grant, that _____(1) hereby irrevocably waives any sovereign immunity which it may possess, and consents to suit against itself or it's officials in the court of the State of Alaska, or any other court of competent jurisdiction, as to all causes of action by the State of Alaska, or any other person arising out of or in connection with _____(3)

NOW THEREFORE BE IT RESOLVED THAT this Alaska Native Village, acting through its _____(1) hereby grants to the State of Alaska, it's irrevocable consent to be sued in the name of the Native Village for any unlawful act arising out of any contractual obligation entered into as a result of this resolution, and hereby waives immunity from execution of judgments obtained pursuant to the above against any property whether real or personal, including money, provided that such execution of judgment not exceed \$____(2).

PASSED AND APPROVED BY THE _____(1) On __2006.

IN WITNESS THERETO:

By: _____(4) _____(1)
Signature Title

Attest: _____(5) _____(1)
Signature Title

- (1) Name of Grant Recipient Entity
(2) Amount of Grant
(3) Description of Project

- (4) Name of Community
(5) Chief Administrative Officer (Chief, President)