

**SUFFOLK COUNTY DISTRICT ATTORNEY**

**DANIEL F. CONLEY**



**ASSET FORFEITURE**

**COMMUNITY REINVESTMENT GRANT**

**Request for Proposal (RFP)**

**Release Date: November 3, 2017**

**Response Due Date: December 15, 2017**

**SUFFOLK COUNTY DISTRICT ATTORNEY**

**DANIEL F. CONLEY**



## **ASSET FORFEITURE COMMUNITY REINVESTMENT GRANT**

### **PURPOSE**

Suffolk County District Attorney Daniel F. Conley's Asset Forfeiture Community Reinvestment Grant ("CRG") offers grants of \$2,500 to \$7,500 to eligible non-profits serving Boston, Chelsea, Revere, and Winthrop. The program supports efforts to reduce youth violence and to prevent and treat substance abuse among Suffolk County youth and helps achieve District Attorney Conley's goal of building strong, ongoing relationships between his office and community organizations across Suffolk County.

The grant program utilizes funds and assets seized in drug trafficking prosecutions during the past fiscal year. Massachusetts law allows up to 10 percent of these seized funds and assets to be redistributed to non-profit organizations.

### **ELIGIBILITY**

Non-profit organizations offering violence prevention, drug prevention and treatment programs for Suffolk County youth are encouraged to apply. Applications from city-wide or county-wide programs must specify the service area where the grant will be utilized.

Grants will not be awarded to individuals or to any city, state, or federal government agency.

### **ALLOWABLE USE**

Community Reinvestment Grants may be used for purposes including but not limited to:

- 1) Materials, supplies, and technology to be used by youth program participants
- 2) Youth job stipends
- 3) Field trips
- 4) Awards for youth program participants (excluding cash and gift cards)
- 5) School supplies or educational materials to be given to youth program participants

Community Reinvestment Grants are not recurring funding and the following uses are not allowed:

- 1) **Agency salary or staff time**
- 2) Organizational administrative, indirect or overhead costs

- 3) Capital building projects
- 4) Food
- 5) Lobbying
- 6) Religious purposes
- 7) Costs associated with fundraising activity
- 8) Bar charges or alcoholic beverages
- 9) Cash prizes or gift cards
- 10) Payment to other organizations in the form of donations or contributions
- 11) Legal work (advice or litigation)

## **APPLICATION PROCESS**

Grant applications must be received by no later than **4:00 p.m. on Friday, December 15, 2017**. The applications will be reviewed by members of District Attorney's staff to ensure that all required materials have been submitted.

*Incomplete applications will not be considered.*

## **APPLICATION PACKET**

The application form requests the following information:

1. Organization Information
2. Description of Organization/Program
3. Project Description
4. Need Assessment
5. Staff Qualifications
6. Safety Policies
7. Program Evaluation
8. Program Budget Proposal
9. Organization Operating Budget
10. 501(c)3 Certification

## **SELECTION AND CRITERIA**

A panel of community representatives will review all completed applications and make recommendations to District Attorney Conley, who will then select grant recipients based on those recommendations. Criteria for consideration are:

1. Timeliness. Applications must be received by no later than 4:00 p.m. on Friday, December 15, 2017. Applications received after the deadline will not be considered.

2. Eligibility Status. Applicant must provide 501(c)3 certification to be eligible to receive grant funding.
3. Preparation. Applicant has submitted all necessary documentation, a complete budget, and proper signatures outlined in the application request package.
4. Compliance. Requests for funds greater than \$7,500 or funds for non-allowable uses will not be considered. In the event an applicant requests funds for both allowable and non-allowable purposes, only the portion of the application requesting funds for allowable program expenses will be considered.
5. Participation. The applicant has the commitment of participants and support from neighborhood residents/businesses the agency represents.
6. Neighborhood Impact. The project addresses a goal, priority or concern identified by community members around youth violence reduction, or substance use and abuse prevention, reduction or treatment that will have a specific or significant benefit to the neighborhood or targeted population.
7. Individual Impact. The project will affect change or provide assistance to youth.
8. Project Quality. The applicant has developed a project that is well planned, adequately budgeted, and is ready for implementation or is a part of a broader ongoing effort, and includes a well-defined method for demonstrating that the funds are expended appropriately.
9. Originality. The applicant has proposed a project that is original and addresses a problem that is not being addressed by other entities within that neighborhood. Creative thinking is welcome and encouraged.
10. Qualifications. The applicant must demonstrate, via clearly stated qualifications, an ability to implement the proposed project and/or provide the necessary services.
11. Commitment to Partnership. SCDAO endeavors to build relationships with youth-serving agencies across Suffolk County that will last long after the funding period has ended. We value our lasting relationship with past recipients and welcome them to apply again but are also highly interested in distributing grants to organizations that have not previously been awarded grant funding.

## **SUBMISSION**

Agencies or organizations wishing to receive these funds shall send their completed application **via email by 4:00 p.m., Friday, December 15, 2017**, to:

Catherine Rodriguez  
Deputy Chief of Staff

[Catherine.Rodriguez@state.ma.us](mailto:Catherine.Rodriguez@state.ma.us)

Please place in the subject line: Community Reinvestment Grant

Confirmation of receipt: Applicants will receive an email confirmation within 48 business hours.

## **QUESTIONS**

Questions regarding the program must be submitted via email by **4:00 p.m. Friday, November 17, 2017**. When submitting your question(s), please include “Community Reinvestment Grant” in your email subject line. Those questions may be submitted to:

[Catherine.Rodriguez@state.ma.us](mailto:Catherine.Rodriguez@state.ma.us).

## **REASONABLE ACCOMODATION**

Applicants with disabilities who seek reasonable accommodation, which may include the receipt of the RFP in an alternative format, must communicate the request in writing to

[Catherine.Rodriguez@state.ma.us](mailto:Catherine.Rodriguez@state.ma.us) no later than **Friday, November 10, 2017**.

## **AWARD AND AFTER ACTION REPORT**

Selected grantees will be notified via email. District Attorney Conley will present the funds during a ceremony to be held in Spring of 2018. An agency official representing the grantee must be present at the ceremony and sign an agreement acknowledging receipt of the funding.

Once the funds have been used, the program/organization will be required to submit an after action report detailing how the funds were used and provide measures or indicators of the project’s reach and any discernible results of the project’s impact. Recipients that fail to submit an after action report will not be considered for future funding.

## **PUBLIC RECORDS**

All responses and information submitted in response to this RFP are subject to the Massachusetts Public Records Law, M.G.L. c. 66, § 10, and M.G. L. c.4, § 7, cl. 26. Applicants should not submit personal medical information. Any statements in submitted responses that are inconsistent with these statutes shall be disregarded.

**SUFFOLK COUNTY DISTRICT ATTORNEY**

**DANIEL F. CONLEY**



**ASSET FORFEITURE**

**COMMUNITY REINVESTMENT GRANT**

**PROPOSAL APPLICATION**

**Section 1: Organization Information**

Name of Application Agency/Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Title of Contact: \_\_\_\_\_

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

Email address (required): \_\_\_\_\_

Has this agency previously received asset forfeiture funding from Suffolk County District Attorney's Office?  Yes  No

If yes, what year(s) did the agency receive funding? \_\_\_\_\_

**Section 2: Briefly describe the organization's mission/service (300 words).**

*(Please include your organizations geographic service area(s))*

**Section 3: Project Description**

Is this project/program new or ongoing?  NEW  ONGOING

Dates of funded activity: \_\_\_\_\_

Please provide a brief description of your project/program. Please indicate how your program will work with youth in substance abuse prevention and treatment or anti-violence efforts.



**Section 4: Need Assessment**

Please identify the need and potential benefit to the organization's target population, community or neighborhood.

**Section 5: Staff Qualifications:**

Please provide a list of all key program staff and their qualifications. You may include organizational and program charts, resumes, staff profiles, list of board members and experience as supporting documentation.

**Section 6: Safety Policies:**

Please provide a copy of policies in place to ensure the safety and wellbeing of youth at the programming site. This may include program staffing levels, staff training requirements, and other procedures and protocols for responding to safety concerns or emergencies.

**Section 7: Program Evaluation:**

Describe the proposed funded services, their predicted outcomes, and the manner in which you will monitor the fiscal and programmatic aspects of the program and its success.

**Section 8: Program Budget Proposal**

Amount Requested: \_\_\_\_\_

Provide an outline of the program's budget with detailed justification for all costs including the basis for computation of these costs. (*Grant request must be between \$2,500 and \$7,500. Requests for funds above the set amount will not be considered.*)

**Section 9: Organizational Operating Budget**

Please submit a copy of your organization's operating budget. Describe how your program/project will remain financially sustainable whether or not funding is provided through the Community Reinvestment Grant.

**Certification**

**The undersigned agrees that funds awarded will be used only for the purpose authorized by the Suffolk County District Attorney's Office. The undersigned further acknowledges that an after action report will be provided to the Suffolk County District Attorney's Office at the completion of the project/program.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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*(Name of organization to whom check is to be made payable if awarded grant)*

Please include any attachments and 501(c)3 certification after the proposal application.

EMAIL APPLICATION TO: [Catherine.Rodriguez@state.ma.us](mailto:Catherine.Rodriguez@state.ma.us)

Applications must be received no later than **4:00 p.m. on December 15, 2017**

**SUFFOLK COUNTY DISTRICT ATTORNEY**

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**COMMUNITY REINVESTMENT GRANT**

**APPLICATION CHECKLIST**

Please submit with your application no later than December 15, 2017.

- Organizational Information
- Description of Organization/Program
- Project Description
- Need Assessment
- Staff Qualifications
- Safety Policies
- Program Evaluation
- Program Budget Proposal
- Organizational Operating Budget
- Signature (*digital or print acceptable*)
- 501(c)3 Certification