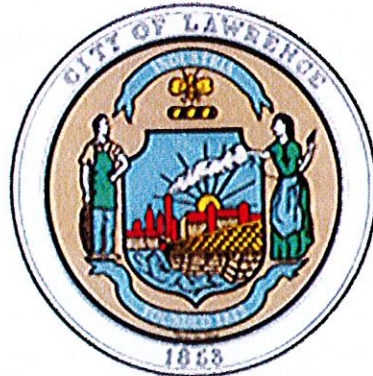


**gCITY OF LAWRENCE – MAYOR’S OFFICE**

**REQUEST FOR FUNDING  
CREATING A THRIVING LAWRENCE PROGRAM**



**CITY OF LAWRENCE, MASSACHUSETTS**

**Brian A. DePeña, Mayor**

**RELEASED: MONDAY, MARCH 20, 2023 9AM**

**DUE BY: FRIDAY, MAY 19, 2023 @ 11AM**

**DELIVER TO:**

**City of Lawrence  
Office of the City Clerk  
200 Common Street, Room 107  
Lawrence, MA 01840**

City of Lawrence, Massachusetts  
200 Common Street  
Lawrence, MA 01840

## REQUEST FOR FUNDING (RFF)

The City of Lawrence invites proposals from non-profit organizations interested in requesting funding for their organization through the City of Lawrence Creating a Thriving Lawrence program. Application will be reviewed in accordance with the terms, conditions, and specifications outlined in the Request for Funding (RFF). Funds will be provided as reimbursements.

### **City of Lawrence Creating a Thriving Lawrence**

Proposals from vendors are due at the Office of the City Clerk, City Hall, 200 Common Street, Room #107, Lawrence, MA 01840 on or before **11:00 a.m. on Friday, May 19, 2023.**

Requests for specifications may be downloaded at [www.cityoflawrence.com/bids](http://www.cityoflawrence.com/bids).

All proposals submitted in response to this Request for Funding will be evaluated and awarded in accordance with the provisions established with the RFF. Proposals must align with the following project categories; Health & Human Services, Arts & Culture, Parks & Recreation, Assistance for Fire Victims, Small Business/Economic Development and Neighborhood Safety Initiative.

The City of Lawrence reserves the right to reject any or all proposals or take whatever action is in the best interest of the City.

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Jannelvy Martinez  
Purchasing Agent  
978-620-3242

**City of Lawrence – Mayor’s Office  
REQUEST FOR FUNDING (RFF)  
Creating a Thriving Lawrence Program**

**APPLICANT INFORMATION**

1. Agency or Organization: International Veterans Care Services Inc. \_\_\_\_\_
2. Address: 49 Blanchard St Suite 207/5 \_\_\_\_\_
3. Mailing Address (if different) \_\_\_\_\_
4. Federal Tax ID Number/Employer Identification Number: 832010453 \_\_\_\_\_
5. Website Address: IVCS24.org \_\_\_\_\_
6. Name and Title of Contact Person: Brenda Rozzi \_\_\_\_\_
7. Email Address of Contact Person ivcs.info19@gmail.com \_\_\_\_\_
8. Telephone Number of Contact Person: 978-590-3715 \_\_\_\_\_
9. Organization Telephone Number: 978-609-7239 \_\_\_\_\_
10. Organization Fax Number: \_\_\_\_\_
11. Name and Title of Authorized Signatory (person authorized to sign/execute contracts on behalf of Agency). If multiple persons, list all:  
  
Brenda Rozzi \_\_\_\_\_
12. Email Address(es) of Authorized Signatory(ies) listed above: Ivcs.info19@gmail.com \_\_\_\_\_
13. Telephone Number(s) of Authorized Signatory(ies): \_\_\_\_\_
14. Name of Proposed Project: \_\_\_\_\_
15. Total Funding Request: \$ 500,000.00 \_\_\_\_\_
16. Total Leveraged Funds: \$ \_\_\_\_\_
17. Project Category (see attached for descriptions, eligible applicants, and funding amounts):  

<input checked="" type="checkbox"/> Health and Human Services	<input type="checkbox"/> Arts and Culture
<input type="checkbox"/> Parks and Recreation	<input type="checkbox"/> Neighborhood Safety Initiative
<input type="checkbox"/> Assistance for Fire Victims	<input checked="" type="checkbox"/> Veterans
<input type="checkbox"/> Economic Development	

**BUDGET INFORMATION**

Proposed budget for FY24 (July 1, 2023-June 30, 2024) and FY25 (July 1, 2024-June 30, 2025). Funding will be divided into two fiscal years equally.

Requested Project Funding: \$ 250,000.00

Other Project Funding: \$ 52,000.00 state

Total Project Funding: \$ \_\_\_\_\_

Leveraged Funds for the Proposed Project:

Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Secured:  Yes  No

Can project proceed without this source?  Yes  No

Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Secured:  Yes  No

Can project proceed without this source?  Yes  No

**ITEMIZED BUDGET**

**\*\*Please list each budget line item to be paid with the funds**

**\*\*A detailed project budget should be attached to this application upon submission**

**\*\*Funds will be provided on a reimbursement basis for actual costs expended. You must expend your agency's funds first.** Reimbursements will be made only for costs described in the approved budget that is part of the agreement with the City, following submission of payment requests and supporting documentation along with a narrative of accomplishments (including the number served) during the quarter. Reimbursements will be done on a quarterly basis.

PROJECT INFORMATION

1. Describe the goal of the proposed project (The proposed solution to the problem/need identified above):  
Help Veteran and Families.
2. Describe the community needs to be address by the proposed project:  
Housing, shelter, food & Transportation for Veterans
3. Describe the proposed project activities to be undertaken to achieve the goals associated with the project category (see attached):
4. Explain how project performance will be measured.
5. Who will be served by the proposed project? (Include specific groups or individuals as well as geographic area primarily benefiting from the activity) Veteran & families
6. How many estimated beneficiaries will be served with the funds?  
100+
7. Is this an unduplicated count?  Yes  No  
(Unduplicated means that each client is counted only once, even if services are ongoing services are provided to the client more than once.)
8. Indicate the type of group to be served:  
 Individuals  
 Families  
 Businesses  
 Households  
 Housing Units  
 Census Tracts  
 Other \_\_\_\_\_
9. Describe the outcome or impact the activity will have on the population to be served (How will the proposed project improve the quality of life for recipients?). Quality & Quantity Lifestyle for Veterans
10. Identify the inputs (e.g. staffing, equipment, supplies and other resources) that will be needed for the proposed activity. Attach job descriptions of the staff to be paid with the funds. All supplies for Veterans no paid positions.
11. Describe your agency's compliance with Title VI of the Civil Rights Act. What types of language assistance services, if any, are provided by your agency to Limited English Proficient (LEP) persons?  
English and Spanish.
12. Please briefly describe your agency's background and explain why your agency is well positioned to provide this proposed activity/service.  
Ives has been open for 5 years serving those
13. Is this project already underway or ongoing? If so, please describe. who served for us.  
we have been serving Veteran and families for 54 years and Plan to grow here in the City of Lawrence

## PROJECT TIMELINE

\*Please note project milestones (e.g. launch, end of phase I, etc.).

\*\*Scope of work and project schedule should be attached to this application upon submission

Transportation  
Food Pantry  
Shelter,  
Bike/tries

# CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City laws prohibit employees and public officials of the City of Lawrence from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application, a City employee or consultant, or a member of the City Council?  Yes  No

If yes, please list the names(s) below:

Kelly Frazier

2. Will the funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application, a City employee, consultant, or a member of the City Council?  Yes  No

If yes, please list the name(s) below:

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or another governing body who are business partners or family members of a City employee, consultant, or a member of the City Council?

Yes  No

If yes, please list the name(s) below:

If you answered "YES" to any of the above, the Mayor's Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: Ives

Name of Applicant's Authorized Official: Kelly Frazier

Authorized Official's Title: CEO

Signature of Authorized Official: Kelly Frazier

Date: 5-18-23

## CERTIFICATIONS AND APPLICANT SIGNATURE

By signing below, the applicant certifies under penalties of perjury that this proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

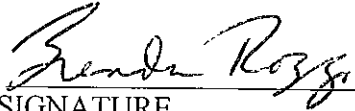
By sign below, the applicant certifies under the penalties of perjury that to the best of their knowledge and belief, the organization has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of all employees and contractors, and withholding and remitting child support.

By signing below, the applicant certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with creditors.

This proposal and other materials submitted may be considered public records subject to disclosure under the public records act. Final decision on confidentiality lies with the Public Records Division of the Commonwealth of Massachusetts.

Submitting false or misleading information may result in rejection or ineligibility for financial assistance under this program, and the authorized representative is subject to any and all prosecution that applies.

Successful applicants will be expected to complete all requirements as outline in the operating contract. Failure to complete these requirements will be considered default.



SIGNATURE

5-18-2023

DATE