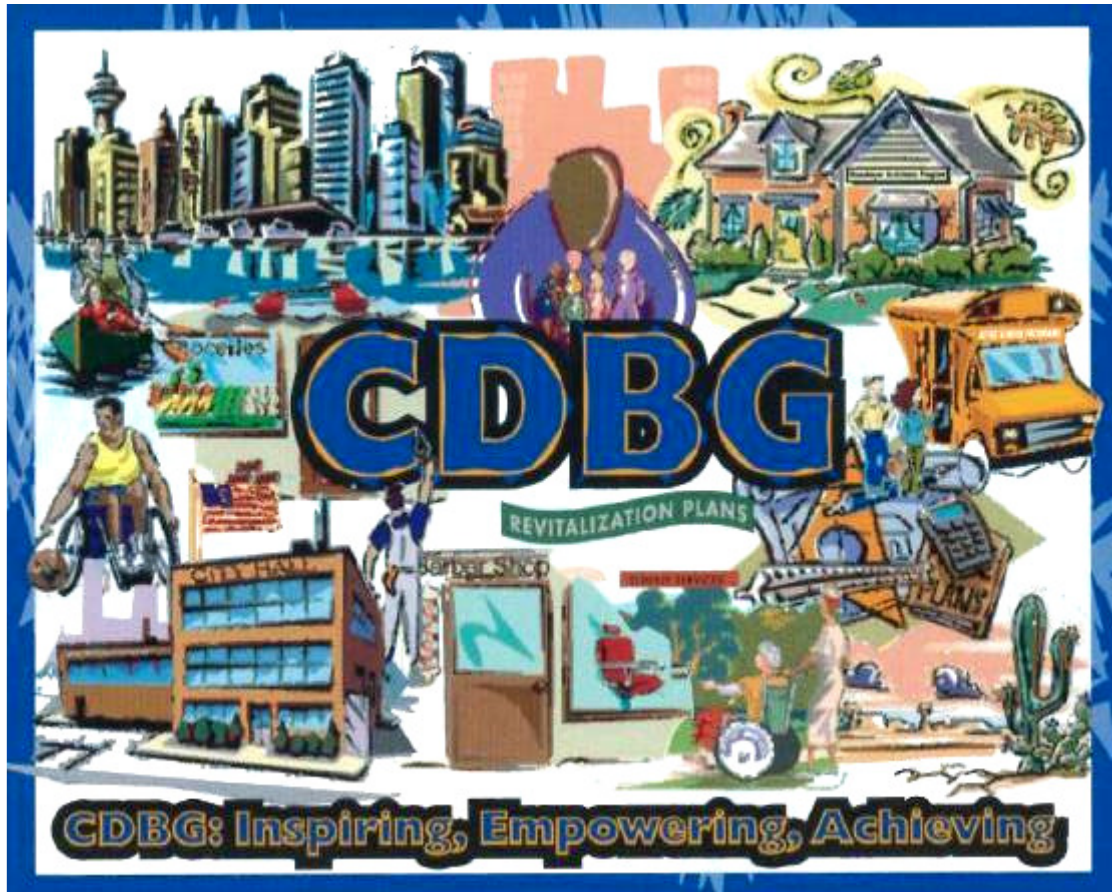


**Small Cities Community
Development Block Grant
2019 Application**



Governor Ned Lamont

Department of Housing

CDBG/Small Cities & Technical Services

SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Applicant Information

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip _____

Authorized Individual Name _____ Title _____

Contact Name _____ Title _____

Phone _____ Fax _____

E-Mail _____ FEIN # _____

DUNS # _____ CCR# _____

Did a consultant prepare this application? Yes ☐ No ☐

If yes, provide the following:

Consultant Name _____ Phone # _____

Company (if applicable) _____

Address _____ City _____

E-Mail _____

Small Cities Grant Request: \$ _____ Total Project Cost: \$ _____

Amount Leveraged by Town: \$ _____ (cash, not in-kind)

Project Name _____

Project Address _____

Census Tract _____ Block Group _____

Congressional District _____

Senate District _____

House District _____

Citizen Participation

Develop a Citizen Participation Plan and submit it with the application as an exhibit. In addition to the plan, the community will need to describe its public hearing process.

Is the Citizen Participation Plan attached? ____Yes ____No

Are the Public Hearing Notices and Affidavit of Publication attached? ____Yes ____No

Is a copy of the public hearing minutes attached? ____Yes ____No

Is a copy of the Town Council or Board of Selectmen meeting minutes attached?
____Yes ____No

Is this a multi-jurisdictional application? ____Yes ____No

List names of other communities participating:

_____	_____
_____	_____
_____	_____

1. Project Information

1.1 Eligible Activity

☐ Housing Rehabilitation ☐ Community Facilities ☐ Economic Development

☐ Streets and/or Sidewalks ☐ Other, Specify _____

1.2 Project Type

☐ Community Facility ☐ Public Service ☐ Economic Development

☐ Housing ☐ Planning ☐ Other, Specify _____

1.3 National Objective

____Low and Moderate Income benefit

____Slum and Blight – prevent or eliminate

____Urgent Need - (must meet the 4 very specific criteria)

% of Funds benefiting low/mod income persons: _____ %

1.4 Accomplishments

Enter the proposed accomplishments for this activity according to only one (1) of the following unit types. Contact your DOH representative (if necessary) to determine the correct unit type for this activity.

Unit Type	# of Units	Unit Type	# of Units
People	_____	Housing Units	_____
Households	_____	Jobs	_____
Businesses	_____	Organizations	_____

1.5 Performance Measures

Select the one objective that best describes the purpose of the activity. Then select the outcome category that best reflects what the town is trying to achieve.

1.5a Objectives:

Suitable Living Environment ____

Decent Housing ____

Creating Economic Opportunities ____

1.5b Outcomes:

Availability/Accessibility ____

Affordability ____

Sustainability ____

1.5c Common Indicators: (Measures Results)

Amount of funds leveraged \$ _____

Number of households, businesses, or units assisted _____

Income levels of persons or households served:

≤30% _____ >30% and ≤50% _____ >50% and ≤80% _____

1.5d Racial Classification - See chart below

Racial Classification	Owner		Renter		Total	
	All	Hisp	All	Hisp	All	Hisp
White						
Black/African American						
Asian						
American Indian/Alaskan Native						
Native Hawaiian/Other Pacific Islander						
American Indian/Alaskan Native & White						
Asian & White						
Black/African American & White						
American Indian/Alaskan Native & Black/African American						
Other Multi-Racial						
Totals:						

1.5e Number of Female-Headed Households: _____

1.6 Acquisition

Does the proposed project require the applicant to acquire property? _____

Does the town have title to the property? _____

If the town does not have title, is there an option to purchase the property?

_____ Yes (if yes, include expiration date) _____ No

If acquisition is needed, will relocation be required?

___ Yes ___ No If Yes, please explain: _____

1.7 Relocation Plan

If you are planning a project that requires relocation as a part of the project, have the General Information Notices (GIN) been sent out? ___ Yes ___ No ___ N/A

(Provide copy)

Tenant Relocation

Please check all that apply.

Tenants will be permanently relocated _____

Tenants will be temporarily relocated _____

No tenant relocation _____

1.8 Project Narrative

Attach a project description of 500 words or less as an Exhibit (refer to Handbook).

1.9 Program Benefit Data for Area Benefit Activities

Enter the following data for the Service Area that meets the low- and moderate-income national objective by benefiting all of the residents of a particular Service Area where at least fifty-one percent (51%) of the residents are low-and moderate-income persons.

- a. If a survey was used to establish the percentage of low- and moderate-income persons in the service area, list that percentage here: _____ %

Include the survey methodology as part of the application. NOTE: All survey methodology must be approved by DOH prior to the start of the survey to ensure that the methodology is sound. All requests for approval must be submitted to DOH by February 8, 2019 to ensure that DOH has time to review and approve. Late submissions may be reviewed at the discretion of DOH.

- b. If Census data was used to establish the percentage of low- and moderate-income persons in the Service Area, report the percentage and Census data as follows:
- If the service area covers **all** of the Block Groups in a Census Tract, list **only** the Census Tract number (do **not** list the Block Group numbers). Provide data for **all** of the persons who reside **in the Census Tract**; or,
 - If the service area covers only **some** of the Block Groups in a Census Tract, list each of the Block Group numbers on a separate line with the Census Tract number. Provide data for **only** the persons who reside **in each of the Block Groups**.

2. Project Need

2.1 Document the need for this project and attach as Exhibit 2.1 (form provided).

2.2 Other Funding

Has the project/building/site received funding or a firm commitment of funding from sources other than CDBG from DOH and/or the Connecticut Housing Finance Authority (CHFA)? If it has received funding from another Connecticut state agency, please specify the agency.

Activity	Awarding Agency	Funding Source	Year Awarded	Amount Awarded	Status

2.3 Potential Future Funding

Has the applicant and/or subrecipient applied for funding from DOH, CHFA, or any other CT state agency for the benefit of the project/building/site in the last 12 months (i.e., since April 11, 2018)? Will the applicant and/or subrecipient be applying for funding from DOH, CHFA, or any other state agency for the benefit of the project/building/site in the 12 months following April 12, 2019?

Activity	Awarding Agency	Funding Source	Date Applied or Plan to Apply	Amount Requested or Will Be Requested	Application Status

3. Applicant Capacity

3.1 Key Personnel

Identify key personnel, including CEO, town staff, consultants (and consultants' staff), etc., who will be involved in the proposed project. Attach as an **Exhibit (Form 3.1 provided)**. Resumes or narratives can be used. The town is ultimately responsible for all aspects of the project and will be the first point of contact. Also, identify the four (4) most recent Small Cities CDBG projects similar to the one proposed that the grantee and/or subrecipient has either brought to completion or assisted in bringing to completion.

Project	Name of Grantee or Subrecipient	Date Initiated	Date Planned for Completion	Date Completed	Original Budget End Date	Final Budget End Date

3.2 Identify the most recent community development projects (up to 6) undertaken by the town and funded from sources other than a Small Cities Community Development Block Grant within the last ten (10) years.

Activity	Date Initiated	Date Planned for Completion	Date Completed	Original Budget	Final Budget

3.3 Identify the spending status of every Small Cities CDBG grant that has not received a Closeout Certificate. NOTE: Applicants cannot have more than 3 grants outstanding. In addition, 2018 grants must be 10% expended, 2017 grants must be 50% expended, and 2016 and earlier grants must be 100% expended with a Pre-Closeout Certificate. If the applicant does not meet these threshold requirements, their application will not be reviewed. 2018 grants will be reviewed on a case-by-case basis and exemptions may be granted at the discretion of DOH.

Spending Verification Form for Small Cities

Grant Year _____ Total Grant _____
 Amount Expended to Date _____ Percent Expended _____

Grant Year _____ Total Grant _____
 Amount Expended to Date _____ Percent Expended _____
 Closed, Not Monitored _____ Closed and Monitored _____

Grant Year _____ Total Grant _____
 Amount Expended to Date _____ Percent Expended _____
 Pre-Closed, Not Monitored _____ Pre-Closed and Monitored _____ Certificate Issued _____

3.4 Subrecipient - Identify each subrecipient that will be involved in the proposed project:

Subrecipient Name: _____
 Address: _____
 City: _____ Zip Code: _____
 Contact/Title: _____
 Telephone: _____ Fax Number: _____

Submit the subrecipient agreement between the town and the subrecipient that will administer any portion of the proposed project. (If the agreement is not available at the time of application, it must be executed and a copy returned to DOH along with the Assistance Agreement if the grant is awarded.)

3.5 Compliance with Project Requirements

Indicate for any of the projects noted in Section 3.1 instances of either audit or monitoring findings and the status of those findings.

Grantee/Sub-Recipient	Project Name	Funding Source	Finding	Status

3.6 Litigation/Compliance/Citizen Complaints

Is either the applicant or subrecipient entity named in any litigation, citizen complaint, and/or DOH monitoring finding related to housing, economic development, community development activities, Fair Housing & EEOC, etc., or is any such litigation, citizen complaint, or monitoring finding pending or foreseeable? ☐ YES ☐ NO

If yes, indicate the nature and status of the litigation, citizen complaint, and/or monitoring finding. If litigation, identify court and docket number and if there has been an adverse decision in the last 4 years. Attach as **Exhibit 3.6**.

3.7 Returned Small Cities Funds

Has the applicant returned Small Cities funds to DOH in the last 3 years?
☐ YES ☐ NO

If yes, indicate the amount returned and the reason why the applicant returned such funds. Attach as **Exhibit 3.7**.

4. Project Feasibility and Merit, Sources and Uses of Funds, Environmental, Technical, Sustainable Features and Design

4.1 Sources and Uses

In a brief description, identify all potential sources of financing for this project in order of lien position and explain the level of commitment (firm, conditional, etc.) for 100% of the leveraged funds from each source of funding. Indicate whether the grantee and/or subrecipient has applied for any other sources of funding. If not, why not? Also, complete **Exhibits 4.1.0** and **4.1.1** (forms provided) and attach commitment letter(s).

4.1a Operating Funds and Rental Subsidies

Briefly identify all sources of operating funds and rental subsidies for this project. Also complete **Exhibit 4.1a** (form provided) and attach commitment letter(s).

4.1b Financial or Programmatic Link with Social Service Providers

Briefly identify any links that will be formalized with social service providers. Also complete **Exhibit 4.1b** (form provided) and attach commitment letter(s).

4.2 Program Income on Hand

Prepare and attach as Exhibit. (See below)

The purpose of this report is to determine the actual amount of program income on hand. In the first column, list the source(s) of program income by grant year. In subsequent columns, list the amount earned to date, the amount expended to date, and the amount of program income on hand. This information must be given separately for each prior Small Cities CDBG grant. The information supplied should be accurate as of the date that the application is submitted to DOH.

Program Income Format (Exhibit 4.2)

Source(s) of Program Income	Amount of P.I. Earned to Date	Amount of P.I. Expended to Date	Amount of P.I. on Hand
<i>Activity: SC-96 (example)</i>	<i>75,000</i>	<i>61,000</i>	<i>14,000</i>

4.3 Multi-Unit Housing Projects (Exhibit 4.3)

For all multi-unit (three or more units) housing projects, please provide a copy of the most recent audited financial report or the financial statements on a compilation basis for the owner and housing project.

4.4 Standard Projects: ADA, Public Housing Modernization, and New Construction

Site and Building Report (Form Provided)

Submit form and all requested supporting documentation indicated in the Site and Building Report.

4.4.A Infrastructure Projects: Roads, Streets, Utilities, Walks, Parks, Landscaping

Fill out **Exhibit 4.4.A** and submit.

4.4.B Coordination/Approvals/Clearances/Readiness to Proceed – (All Projects)

Fill out **Exhibit 4.4.B** and submit.

4.5 Construction Documents Status (All Projects)

Fill out **Exhibit 4.5** and submit.

4.5F Construction Cost Estimate

Fill out **Exhibit 4.5F** and submit.

4.5H Contract Documents Compliance Certification (All Projects)

Complete and sign the certification form **Exhibit 4.5H** and attach.

4.5J Project Development Budget Exhibit 4.5J (Excel Document) (All Projects)

There are 2 budget forms: one for programs and one for projects. Make sure you fill out the correct form.

4.5P Professional Services and Construction Procurement Compliance

Procurement for professional services and construction must be according to all state and federal guidelines. Submit P1-P12 to document compliance.

P1 Consultant Contract (As Applicable)

Submit a copy of the Town's contract with the Consultant, as applicable. Attach as **Exhibit 4.5P1**.

P2 RFP or RFQ used to procure Architect or Engineer (As Applicable)
or **Solicitation Letter**. Attach as **Exhibit 4.5P2**.

P3 RFP/RFQ Advertisement for Architect or Engineer (As Applicable)
Attach as **Exhibit 4.5P3**.

P4 RFP/RFQ Responders Summary for Architect or Engineer (As Applicable) or
List of Architects/Engineers Contacted. Attach as **Exhibit 4.5P4**.

P5 Architect's or Engineer's Contract (As Applicable)

Submit a copy of the Owner/Architect Agreement. Attach as **Exhibit 4.5P5**.

P6 Architect's or Engineer's License (As Applicable)

Attach as **Exhibit 4.5P6**.

P7 Architect's or Engineer's Liability Insurance (As Applicable)

Attach as **Exhibit 4.5P7**.

P8 Construction Procurement Plan

Submit as **Exhibit 4.5P8**.

P9 Draft Bid Package (If Available for Applicable Projects)

If not available, please note that no CDBG project should be put out to bid until the Draft Bid Package has been reviewed by DOH. Attach as **Exhibit 4.5P9**.

P10 Draft Bid Advertisement or Quote Solicitation Document

Submit a copy of the draft advertisement or letter for review. Attach as **Exhibit 4.5P10**.

P11 Draft Owner/Contractor Agreement (As Applicable)

Attach as **Exhibit 4.5P11**.

P12 Project Responsibility Matrix (As Applicable)

Form provided. Attach as **Exhibit 4.5P12**.

4.6 Sustainable Features and Design (All Projects)

List the features and products you intend to use from categories a-d below that qualify as a sustainable/green standard.

Make sure that the features and products are ultimately included in your construction specifications document (**Exhibit 4.5A**). Include the construction specifications document page number for the feature or product listed in **Exhibit 4.6a**.

The total score will be determined by the items you specify for each category (a-d).

*Infrastructure Projects c and d only.

- a. Energy Star Design Features and Products. Attach as 4.6a.
- b. Alternative Energy Sources. Attach as 4.6b.
- c. *Good Storm-Water Management Techniques. Attach as 4.6c.
- d. *Other sustainable/green products and practices relevant to project. Attach as 4.6d.

OR

If you have proof of LEED or equivalent green building/planning registration/certification (minimum of silver certification), provide it for maximum points in this category and omit a-d. Submit as **Exhibit 4.6**.

AND

Utility Incentives

Utility energy efficiency rebate letter. Submit as **Exhibit 4.6e**.

4.7 Residential Rehabilitation Programs

Each of the processes in factors A – N must be addressed.

A. Procurement Process

Narrative

Town's Procurement Policy - **Exhibit 4.7A**

Draft Contractor Solicitation Document - **Exhibit 4.7A1**

Draft Bid Package – **Exhibit 4.7A2**

B. Building/Site Evaluation Process

Narrative

Initial Inspection Form. **Exhibit 4.7B.**

C. Hazardous Material Notification Process

Narrative

Standard Hazardous Material Notification Letter/Document. **Exhibit 4.7C.**

D. Construction Monitoring Process

Narrative

Progress Inspection Form. **Exhibit 4.7D.**

E. Approval/Permitting Process

Narrative. **Exhibit 4.7E.**

F. Typical Project Schedule

Steps for a typical project once an applicant has been selected/notified. **Exhibit 4.7F.**

G. 75% Rule/Walk-Away Compliance Certification

Form provided. **Exhibit 4.7G.**

H. Rehabilitation Standards/Asbestos/Lead Compliance Certification

Certification Form provided. **Exhibit 4.7H.**

I. Draft Owner/Contractor Agreement

Submit a copy of the standard Owner/Contractor Agreement that is used for your residential rehab program. Attach as **Exhibit 4.7I.**

J. Program Development Budget

Program Development Budget Form Provided. **Exhibit 4.7J.**

J-1 Cost Estimating Form

Submit the cost estimating form that you use for your projects. Attach as **Exhibit 4.7J-1** (signature line for cost estimator must be included on the form).

J-2 Program Responsibility Matrix

Form provided. **Exhibit 4.7J-2.**

K. Construction Administration

Submit a narrative listing the Construction Administration Protocol. How many people are involved, and who are they? What is the approval process, roles, and responsibilities of the consultant, contractor, supervisor, project manager, homeowner, etc. Who is the lead person? Also, provide a copy of the agreement between the Town and its consultant, which should outline the services the consultant will provide. Attach as **Exhibit 4.7K**.

L. Pre-Construction

Submit the Pre-Construction Meeting Form that you use for your projects. Signature lines for owner, contractor, and town representative (project manager) must be included on the form. Attach as **Exhibit 4.7L**.

M. Walk-Away Policy

Submit a copy of your residential rehabilitation program walk away policy. Attach as **Exhibit 4.7M**.

N. Energy Star/Sustainable/Green/Eco-Friendly Products, Recycling/Salvage

Provide a list with specifications for:

1. Energy Star Products that you specify and use for your rehab program.
2. Sustainable Green Products that you specify and use for your rehab program.
3. Construction debris that you recycle/salvage.

Attach as **Exhibit 4.7N**.

5. Community Impact

5.1a Community Impact Map

This map should highlight major housing patterns, transportation, relevant services, significant community facilities, and the locations of substantial public and private investment as well as any other features relevant to demonstrating community impact. Attach as **Exhibit 5.1a**.

5.1b Map Narrative

Highlight important features represented on the map and address the points listed in the Handbook. Attach as **Exhibit 5.1b**.

5.1c Census Tract Data

Attach as **Exhibit 5.1c**. Refer to Handbook for the type of data required.

5.1d Does the community have an approved Community Revitalization

Strategy (CRS)? (For more detail, refer to DOH's current approved Action Plan at <http://www.ct.gov/doh/cwp/view.asp?a=4513&q=530462>) ☐ YES ☐ NO

Is this application activity part of the community's CRS? ☐ YES ☐ NO

5.2 Community Support

Are there letters of support from any of those who provide or represent those who provide and receive services in the project area? List and attach letters as **Exhibit 5.2**.

Name of Group/Organization	Contact Person
_____	_____
_____	_____
_____	_____

5.3 Answer only if this is a housing project

Housing Activities:

- a. Any displacement anticipated ____ Yes ____ No
- b. 1 for 1 Replacement ____ Yes ____ No
- c. If this is a first time home ownership program, will a training program be required?
☐ YES ☐ NO

Number of Hours: _____

Description: _____

Note: DOH recommends that each applicant seeking a grant for a homeownership activity include the requirement that each first-time homeowner attend an 8-hour homebuyer training course through existing non-profit trainers.

5.4 Affordability of Rental and Homeowner Rehabilitation

Provide a sample landlord-tenant agreement indicating the 5-year minimum Fair Market Rents (FMR) affordability period. Each completed residential rehabilitation project file must have a signed copy of the landlord-tenant agreement (if applicable).

Method of Affordability

- ☐ Deed Restriction ☐ Ground Lease ☐ Land Trust
☐ Restrictive Covenant ☐ Other (specify)

Note: DOH requires using the following affordability and use restrictions:

Up to \$5,000 per unit	5 years
\$5,001-\$25,000 per unit	10 years
Over \$25,001 per unit	15 years

5.5 Resident Participation

How does this project promote resident participation? If a housing authority activity, does it have a Resident Participation Plan?

Explain briefly and include Plan, if applicable: _____

6. Fair Housing and Equal Opportunity

6.1 & 6.2 For All Applicants

6.1 Fair Housing Action Plan

Provide a copy of the town's Fair Housing Action Plan that was developed or updated within the last three years and is consistent with the requirements of the "Fair Housing Action Plan Guidelines and Implementation Steps to Address Impediments Identified at the Local Level" dated January 13, 2016, which can be found in Exhibit 6.1 "Fair Housing Action Plan and Resources" (refer to Handbook). The Fair Housing Action Plan must mirror the form included in Exhibit 6.1 and must include the "Fair Housing Action Plan - Calculation Forms". The Fair Housing Action Plan must be signed and dated by the current administrator of the town. **The Fair Housing Action Plan is a threshold requirement, and applications will not be rated without it. No points will be awarded without the Fair Housing Action Plan on the correct form.**

6.2 Section 3 Plan

Provide a copy of the town's Section 3 Plan for this grant that is signed and dated by the current administrator of the town or municipality. For the form to be deemed complete, you must include **locally written** procedures to carry out good faith efforts to attract Section 3 residents and contractors.

6.3 – 6.5 Complete If Past Grantee Only

6.3 Local Fair Housing Action Steps

Identify any Local Fair Housing Action Steps that have been completed or are in the process of being completed within the last 3 years. **(See Instructions for definition of "in process")**. Your description should identify all activities and tasks that have been performed and by whom. Include the person's name and official position in the implementation of each action step. Complete a Fair Housing Action Plan Schedule form and attach as Exhibit 6.3. **Attach documentation to verify the action steps taken or in process. No points will be awarded unless the action step number is listed on each piece of documentation that verifies the particular action step for which you are trying to receive credit.**

6.4 Past Performance – Section 3

Document the number of opportunities awarded to Section 3 contractors or residents over the past 3 years that comply with training, employment and contracting provisions of Section 3 of the Housing and Urban Development Act of 1968, as amended. The chart for Goals should reflect the town's active Section 3 Plan. The Accomplishments of those Goals must be reflected in the chart for Accomplishments. Provide supporting documentation of your Accomplishments (e.g., Form HUD-60002, Section 3 self-certifications, etc.).

Goals:

YEAR	# of Proposed Contracts	Dollar Amount	Training/Hiring

Accomplishments:

YEAR	# of Actual Contracts	Dollar Amount	Training/Hiring

6.5 Section 3 – Good Faith Efforts

Indicate the town's good faith efforts to comply with Section 3. Check all that apply and supply supporting documentation for each:

- ☐ Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contacts with community development programs, to the greatest extent feasible, toward low and very low-income persons, particularly those who are recipients of government assistance for housing
- ☐ Participated in a HUD program or other program, which promotes the training or employment of Section 3 residents
- ☐ Participated in a HUD program or other program, which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns
- ☐ Coordinated with Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located
- ☐ Others _____
- _____

6.6 Past Performance-Set-Aside

Enter the number of contractor and subcontractor awards made to certified small, minority and women's business enterprises over the past 3 years, as required by 24 CFR Section 85.36(e) and Section 4a-60g of the Connecticut General Statutes.

YEAR	# of Contracts	MBE	SBE	WBE	Dollar Amount

For the contracts and subcontracts awarded to small businesses and minority- and women-owned businesses which you have claimed to have utilized above, provide supporting documentation to verify that the firms were (1) actually used and (2) were certified.

Indicate the town's good faith efforts to comply. Check all that apply:

- ☐ Attempted to recruit small and minority firms and women's business enterprise through: local advertising media, signs prominently displayed at the project site, and contacts with community development programs.
- ☐ Contacted the Department of Administrative Services, Office of Supplier Diversity, who maintains a list of certified small and minority business enterprises, which is available online.
- ☐ Create and maintain solicitation list and uses list to contact potential contractors.
- ☐ Other _____

6.7 – 6.10 Complete If New Grantee Only

6.7 New Grantee

Is the town a new Small Cities CDBG grantee? A new grantee is defined as a town that has not **received** a Small Cities CDBG grant over the past 3 consecutive years.

☐ YES ☐ NO

6.8 Past Fair Housing Initiatives – complete only if new grantee

Identify projects, initiatives, and/or actions that the town has taken or are in progress (**See Instructions for definition of "in progress"**) in the past 3 years to promote the principles of fair housing. Your description should identify all activities and tasks that have been performed and by whom (include the person's name and official position) in the implementation of each action step. Complete a Fair Housing Action Plan Schedule form and include documentation to verify the action steps taken or in progress.

6.9 Section 504/ADA Notices – complete only if new grantee

1. Submit a copy of the town's Section 504/ADA Notice established to meet the requirements of Title II of the Americans' With Disabilities Act of 1990, as amended to date. Please provide a copy that is signed and dated by the current administrator of the town or municipality and attach as Exhibit 6.9-1.
2. Submit a copy of the town's Section 504/ADA Grievance Procedure established to meet the requirements of Title II of the Americans' with Disabilities Act of 1990, as amended to date. Please provide a copy on the town's letterhead that is signed and dated by the current administrator of the town or municipality.

6.10 Section 504/ADA Self-Evaluation and Transition Plan – complete only if new grantee

1. Has the town completed or updated a Section 504/ADA Self Evaluation for all of its facilities within the past 3 years?

☐ YES ☐ NO

If yes, provide a signed and dated copy.

2. Has the town completed or updated a Section 504/ADA Self Evaluation for all of its rules, policies and programs within the past 3 years?

☐ YES ☐ NO

If yes, provide a signed and dated copy.

3. Has the town completed or updated a Section 504/ADA Transition Plan for its facilities and its programs within the past 3 years?

☐ YES ☐ NO

If yes, provide a signed and dated copy.

7 Consistency with Connecticut's Consolidated Plan

The State of Connecticut 2015-2019 Consolidated Plan for Housing and Community Development assesses and identifies areas of need within the state and 12 goals set by the state to address those needs. Please refer to the Needs Assessment and the Goals, Objectives, Priorities and Measures sections of the 2015-2019 Consolidated Plan when completing the following section. ** The 2015-2019 Consolidated Plan can be found on DOH's website at <http://www.ct.gov/doh/cwp/view.asp?a=4513&q=530462>.

Need Addressed:

Goal Addressed:

Goal Sub-Category Addressed:

Objective Addressed:

Targeted Population Addressed:

Geographic Target Addressed:

Describe how the program/project is consistent with the State's Consolidated Plan:

8. DOH Training

List the DOH training(s) attended by town staff that will work on the proposed project within the past year.

Name of Town Staff Member _____

Title _____

Training(s) Attended _____
