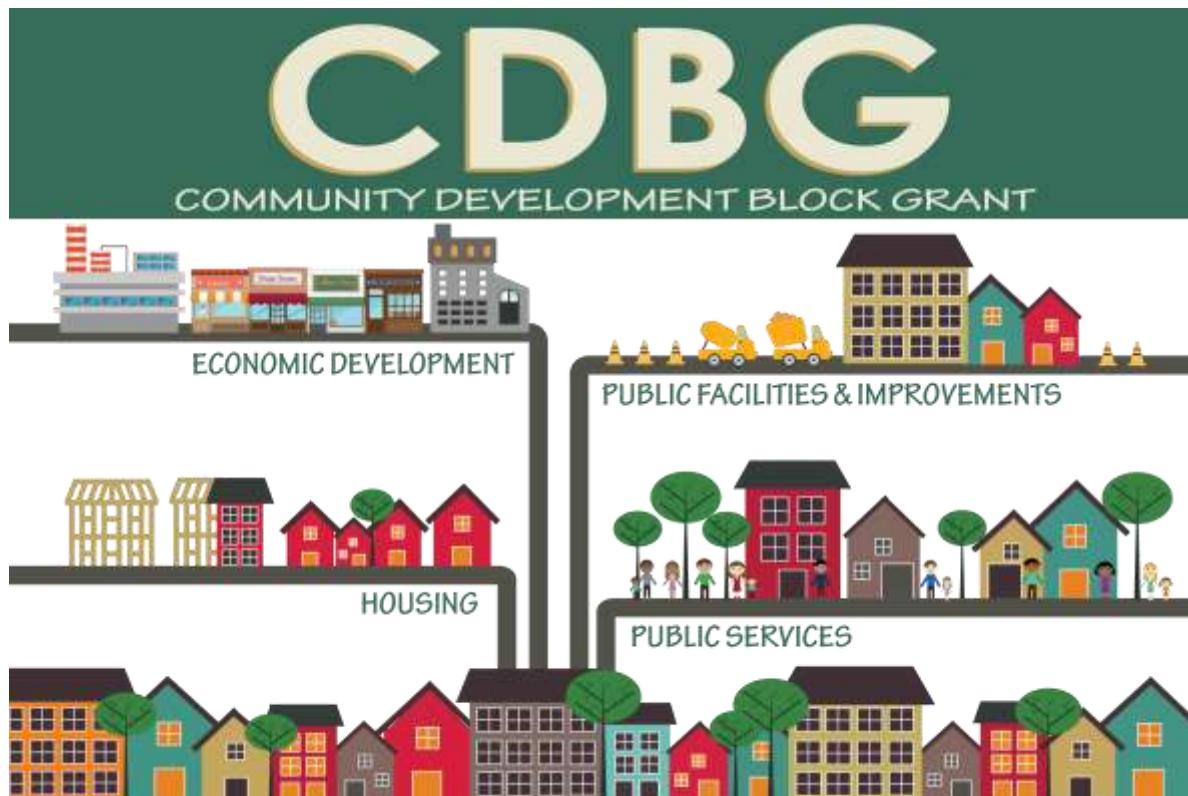


STATE OF CONNECTICUT FISCAL YEAR 2019-2020 COMMUNITY DEVELOPMENT BLOCK GRANT SMALL CITIES PROGRAM

APPLICATION ADDENDUM

The State of Connecticut's Department of Housing requests proposals for the following CDBG program activities:

Public Services



Governor Ned Lamont

Seila Mosquera-Bruno, Commissioner

TABLE OF CONTENTS

- I. Overview of Community Development Block Grant Program
- II. Applicant Eligibility and Criteria Requirements
- III. Threshold Requirements for Project Submission
- IV. Eligible and Ineligible CDBG funded Activities
- V. State, State and Federal Requirements
- VI. State Fiscal Year CDBG Application for Public Services

Section 1. Municipality and/or Agency Information

Section 2. Project Information

Section 3. National Objective

Section 4. Scope of Services for Public Services

Section 5. Project Funding & Budget Summary

Attachment A – Statement of Applicant

Attachment B - Project Implementation Schedule

Attachment C – Project/Program Leverage

Attachment D – Checklist for Required Documents

Attachment E – CDBG SC Threshold Review Checklist

I. OVERVIEW OF COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

The Community Development Block Grant Program (CDBG), which is funded by the United States Department of Housing and Urban Development (HUD), provides annual grants on a formula basis to cities. The State of Connecticut is a recipient of this annual grant funding.

The goal of the CDBG Program is to develop viable urban communities by providing decent housing, a suitable living environment and by expanding economic opportunities for low- and moderate-income people and families. Federal regulations require that CDBG funds be used for projects, programs or activities that qualify by meeting one of the following National Objectives:

- Must Benefit Low- and Moderate-Income Persons;
- Must Prevent or Eliminate Slums or Blight;
- Must Meet an Urgent Need.

The total amount of funding available to the State of Connecticut for the CDBG Program up to 15% of the anticipated annual CDBG allocation estimated at \$1,800,000.00 may be awarded to various grant sub-recipients for use on eligible Public Services that meet an established community need as identified in the State of Connecticut's Five (5) Year Consolidated Plan (2015-2019). HUD has not released final entitlement grant figures, and this funding is an estimated amount based on previous years and trends in funding cuts.

Please note that per CDBG regulations, the State's total funding allocated to Public Service Activities may not exceed 15% of the State's overall total, annual CDBG entitlement grant funding.

Additional CDBG related materials and information are available at:
<https://www.ct.gov/doh/cwp/view.asp?a=4513&Q=596970&PM=1>

Please take note that eligible applicants for Public Service funding are limited to those communities participating with the Connecticut Coordinated Access Networks (CT CANs) members in there region.

The timeframe for the Application Process is as follows:

All applications must be received at the physical location of the Department of Housing (DOH) by **2:00 P.M., FRIDAY, April 12, 2019**. One Original and One Electronic Copy (on memory drive). DOH WILL NOT accept applications or additional information after April 12, 2019 at 2:00 pm.

A 3-ringed binder and tabbed appropriately (please make sure that all the information is submitted along with pertinent sections of the application).

II. APPLICANT ELIGIBILITY AND CRITERIA REQUIREMENTS

Applicants and providers interested in applying for CDBG funds must:

- Have a program that meets one of the CDBG National Objectives mentioned above and meet all eligible activity criteria;
- Be eligible to participate in HUD and State-funded programs;
- Respond to the needs of the State of Connecticut, as outlined in the State's Five (5) Year Consolidated Plan (2015-2019);
- Have no part of the organization's or agency's net earnings;
- Have a functioning accounting system and protocols that are operated in accordance with generally accepted accounting principles, or have designated an entity that will maintain such an accounting system; and
- Provide a current budget showing the applicant's capacity to execute the proposed project and the ability to secure additional funding necessary to operate the proposed project.
- See list of CDBG-Small Cities Eligible CT Towns
https://www.ct.gov/doh/lib/doh/cdbg/cdbg-sc_brochure.pdf

III. THRESHOLD REQUIREMENTS FOR PROJECT SUBMISSION

All applicants and proposals must meet the following minimum threshold requirements:

- Applicant and its affiliates or subsidiaries are current in all financial obligations with the State of Connecticut. The State of Connecticut will not fund a municipality or agency with outstanding disallowed costs, defaulted loans, tax arrearages, debarment actions or any other legal encumbrances, regardless of the merits of the submitted proposal.
- Applicant organization must certify that it complies with the Americans with Disabilities Act of 1990 (ADA), as amended (P.L. 110-325).
- Applicant and its affiliates must certify that it has a three (3) – month cash flow reserve.
- Applicant must certify that it has a Non-Discrimination Policy and provide copies of that policy.
- Currently CDBG-funded applicants must meet the following additional minimum threshold requirements:
 - Applicant and its affiliates must be in compliance with all terms of its most recent CDBG contract requirements;
 - Applicant and its affiliates must not have a serious unresolved HUD or State monitoring findings or audit findings of a material nature regarding any of the agency's CDBG-funded projects or other federal funded projects.

- Due to anticipated reductions in State Fiscal Year 2019 CDBG allocations, applicant organizations may not submit more than 2 applications for CDBG funding to the State of Connecticut (i.e. 1 CDBG Eligible Activity and/or 1 Public Service activity for example application for Housing Rehabilitation and Shelter Diversion).

PLEASE NOTE: Projects, programs or activities that fail to meet the applicable regulations and criteria will NOT BE considered for funding. If the applicant fails to demonstrate that these requirements have been met, the proposal will not be reviewed further.

IV. ELIGIBLE AND INELIGIBLE CDBG-FUNDED ACTIVITIES

This section outlines activities that are generally eligible and ineligible public service and project uses under the CDBG program.

The following is a general summary of some CDBG-funded eligible activities for low- to moderate-income individuals and areas. This list is not comprehensive and more information on CDBG National Objectives and eligible program activities can be found under the “Community Development Block Grant: Small Cities” on the state’s website at the following location: www.ct.gov/doh

Example of Eligible Public Services Activities	Example of Eligible Project Uses
<i>Crime prevention and public safety services</i>	<i>Acquisition</i>
<i>Child care</i>	<i>Clearance activities</i>
<i>Health services</i>	<i>Public facilities and improvements</i>
<i>Substance abuse services (counseling and treatment)</i>	<i>Removal of architectural barriers/ADA accessibility</i>
<i>Fair housing counseling</i>	<i>Building rehabilitation or preservation activities</i>
<i>Education programs</i>	<i>Special economic development activities</i>
<i>Job training/education programs</i>	<i>Improvements to multi-unit residential buildings</i>
<i>Recreational program or services</i>	<i>Improvements to single-unit residential buildings</i>
<i>Services for the elderly; and services for homeless persons</i>	<i>Technical assistance for microenterprises (5 employees or less)</i>
<i>Youth Services</i>	<i>Historic Preservation</i>
<i>Shelter Diversion Services</i>	<i>Small business façade improvements</i>

PLEASE NOTE: Youth Services and Shelter Diversion in conjunction with Connecticut Coordinated Access Networks (CT CANs) members are the priorities established by the Department of Housing.

- CDBG Ineligible activities (either completely or generally):
 - Direct income payments to an individual or family, which are used to provide basic services such as food, shelter (including payment for rent, mortgage or utilities) or clothing.

- Buildings or building maintenance in the case of buildings used for the general conduct of government
- General government expenses
- Political activities (including voter registration)
- Purchase of equipment (except firefighting equipment, or equipment needed by local government to administer the CDBG program, etc.)
- Construction of new housing

For Public Services, CDBG funds may be used to pay for the labor, administration, supplies, and materials to operate and deliver the service and/or maintain the portion of a facility in which a public service is located. All of this must be calculated into the total "Cost per Unit" for providing the public service. Please see budget template and documents, as cost per units can be calculated using budget documents provided as part of this application.

For prior CDBG funded activities, a Public Service must be either a new service; or a quantifiable increase in the level of service provided by or on behalf of the unit of general, local government in the prior 12 calendar months of the program. However, an eligible public service can be funded at the same or reduced levels as the previous years if no quantifiable increase in service is provided.

Benefits to Low- and Moderate-Income Individuals and Areas

All eligible activities must benefit primarily low- and moderate-income persons through any one of the following established CDBG program methods and means:

- **An Area Benefit;** that is, the benefits are expected to be available to all residents of a service area that has been designated by HUD as an area that is predominantly (51% or more) low- and moderate-income based on the latest available HUD or U.S. Census Tract statistics (or acceptable alternative source).
- **A benefit to Limited Clientele** who are presumed by HUD to be principally low- and moderate-income people such as abused children, battered spouses, elderly persons, handicapped persons, homeless persons, and illiterate persons.
- **A benefit to Limited Clientele** that are concluded to be low- and moderate-income based on the nature and location of service or program being delivered.
- **A benefit to Limited Clientele** who are expected to be low-and moderate-income based on a program or service already having clearly established income eligibility requirements.
- **A benefit to Limited Clientele**, at least 51% of whom are shown to be low- and moderate-income persons by documentation related to family size and income indicating household incomes do not exceed the latest effective low (80%) income limits established by HUD.

*Additional information on income limits can be found at:
https://www.huduser.gov/portal/datasets/il/il2018/select_Geography.odn*

V. CITY, STATE, AND FEDERAL REQUIREMENTS

The use of CDBG funds are subject to applicable State and Federal laws and regulations in addition to HUD regulations. These laws include procurement policies and the State's Prevailing Wage rates. Other Federal, State and local requirements may apply, including but not limited to: Equal Employment Opportunity; anti-kickback rules; Davis-Bacon Act (federal prevailing wage amounts must be paid on labor costs for construction projects in excess of \$2,000 or residential structures with 8 units or more); accounting records; bonding and insurance; and environmental laws.

Applicant and its affiliates that receive CDBG funding for CDBG-eligible activities are also subject to 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, also referred to as the Super Circular. The Super Circular supersedes federal guidance and regulations formally found in OMB Circular A-122, Cost Principles, OMB Circular A-133, Audits, OMB Circular A-87, and OMB Circular A-110, Uniform Administrative Requirements.

No funding will be disbursed to a CDBG grant sub-recipient unless there is a grant contract in place between the State of Connecticut and the respective sub-recipient. Contracts will stipulate regular performance-based reporting requirements to include reporting on contracted grant activity goals and metrics before any grant drawn down or reimbursement requests can be approved by the State of Connecticut.

Grant sub-recipients are expected to be monitored by the State of Connecticut during the grant funded activity's project term and grant sub-recipient monitoring expectations may vary based on pre-contract risk assessment analyses completed by the State of Connecticut.

SECTION 1 – APPLICANT INFORMATION.

Municipality		Employer Federal I.D. Number:	
Website:		DUNS Number:	
Mailing Address:		State:	State: Zip:
Telephone:	Fax:		County
Has this agency received State of Connecticut CDBG funding for Public Services in the past five (5) CDBG program years (i.e. anytime between July 1, 2014 to the present)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this application requesting CDBG funding in excess of \$100,000		<input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT SUB-GRANTEE (Business, Non-Profit, etc.)		Employer Federal I.D. Number:	
Website:		DUNS Number:	
Mailing Address:		State:	State: Zip:
Telephone:	Fax:		Faith Based Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has this agency received State of Connecticut CDBG funding for Public Services in the past five (5) CDBG program years (i.e. anytime between July 1, 2014 to the present)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this application requesting CDBG funding in excess of \$100,000		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elected Official/Manager		Project Administrator	
Name:			Finance Officer
Title:			
Address:			
Phone:			
Fax:			
E-Mail:			

SECTION 2 – PROJECT INFORMATION.

Name of Project or Program:		
Location of Project or Program:		Census Tract(s):

1.

Applicant and its affiliates' Program/Services Offered. Briefly state your organization's mission. List the services and programs that you municipality and/or affiliate organization provides, the number of individuals served by your agency, and the geographic area you serve. State the specific program/service that would be supported by CDBG.

2. **Program Need/ Demonstration of Need.** Provide a description of the community need the proposal is intended to address, including the extent of the need and its intended impact on the target population or community. Include the number of persons affected and the characteristics of the affected population.

3. Organizational Capacity and Capability. Describe your, and/or the affiliates organization's experience and qualifications for performing the proposed work. Describe the agency's past experience in administering programs for primarily low- and moderate-income populations. List your municipalities and/or affiliates' key staff.

4. Program Specific Impact & Experience. Provide a specific and clear description of the proposed program or service for which CDBG funds will be used, including the organization's prior years of experience with said program as currently proposed or designed. Describe the population of recipients receiving the services. Estimate the number of clients to be served by the services in one CDBG program year, including specifically those supported only through the CDBG portion of the program budget within one CDBG program year (the number should match the portion of CDBG supported "units" in your program budget). Identify projection locations as to where services will be provided.

5. Demonstration of CDBG Funding Need & Leveraging. *Describe why CDBG funds are critical to the implementation of the proposal. HUD anticipates that programs funded by CDBG are leveraging other public or private funds, and the State of Connecticut is required to report on the dollar amount of leverage for all CDBG grant sub-awards. Therefore, describe other revenue sources for the delivery of the proposed program or service including non-CDBG funds that have been obtained for the project. The other funding sources should also be quantified in the Public Services Budget submitted with this proposal.*

6. Fiscal and Grants Management. *Describe the municipality and its affiliate's fiscal management structure, financial controls, and process for managing grant funds, including the process and protocol for preparing and managing the quality and accuracy of reporting on grant outcomes and related grant expense requests prior to their submittal for reimbursement to grant funders.*

7. Measurable Program Outputs and Outcomes. Define specific and measurable outputs or outcomes and the method for tracking them, including data relevant to the number of individual clients or households to be served through the CDBG funds- provide the unduplicated number of families/ persons that will benefit from the activity in one CDBG program year, and the “cost per unit” to provide the service (see Public Services Budget Template attachment).

8. Program Delivery Plans & Capacity. Describe your program or service delivery plans, including your hours of operation, intake system, program personnel, outreach and marketing or referral procedures and other program features that may support program service delivery.

9. Results and Evaluation. *Describe how the program is evaluated in its effectiveness at addressing the need outlined in question #2. Include anticipated results and previous results if the program is ongoing.*

10. Municipality and its affiliates - Financial Sustainability. *Please use the space below to briefly describe your organization's sustainability plans. Be sure to address such strategies as annual fund raising campaigns, major gift programs, corporate sponsorships, fees for service, etc. If plans are not currently in place, describe your plan for putting them in place including the strategies and timeframes for doing so.*

11. Program Sustainability. Organizations have staffing challenges from time to time when program staff accept other opportunities, take extended leave, or are terminated, etc. Please describe the organization's plan or ability to maintain this program in light of such potential changes without jeopardizing service to clients or CDBG grant obligations to the State of Connecticut. Describe staffing quantity, flexibility, cross-training, or other contingency plans to ensure minimal to no interrupted service delivery. If applicable, briefly describe an example of addressing or overcoming unexpected similar staff changes/challenges in the past.

12. Consolidated Plan Consistency. HUD requires that CDBG funded activities fall within the scope of anticipated community needs as defined through annual Action Plans. Describe how the proposed service will address a need or goal identified in the State's Five (5) Year Consolidated Plan (2015-2019) document, available at https://www.ct.gov/doh/lib/doh/conplan_with_ap_for_pub.pdf

SECTION 3 – NATIONAL OBJECTIVE.

Activity Category (check one only per application)		National Objective (select and check one only)*
<input type="checkbox"/> Public Service	<input type="checkbox"/> L/M Area Benefit	
<input type="checkbox"/> Public Facilities and Improvements	<input type="checkbox"/> L/M Limited Clientele	
Population to be served (choose all that apply):		
<input type="checkbox"/> Youth	<input type="checkbox"/> Special Needs	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Homeless	
<input type="checkbox"/> Other		

SECTION 4 – SCOPE OF SERVICES FOR PUBLIC SERVICES.

Respond to the following questions and note that questions have changed from prior year applications; please read each question carefully and limit your response to no more than 1,000 words per question.

SECTION 6 – PROJECT FUNDING & BUDGET SUMMARY.

REQUESTED THIS APPLICATION	\$
OTHER FEDERAL FUNDS FOR PROJECT	\$
OTHER STATE FUNDS FOR PROJECT	\$
OTHER STATE FUNDS FOR PROJECT	\$
OTHER PRIVATE FUNDS FOR PROJECT	\$
TOTAL	\$
Will the program generate CDBG Program Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please indicate the projected program income to be received.	\$ _____

Budget Explanation. Provide an explanation of funds requested. Supply appropriate details including explanation of other expenses, details of staffing costs for the program and the source(s). A detailed proposed budget including all expenses and funding sources must be submitted with the application. Please refer to sample budgets and guidelines provided. Applications that do not include completed budget template forms will be deemed incomplete and therefore disqualified.

STATEMENT OF APPLICANT

CERTIFICATION BY AUTHORIZED OFFICIAL OF MUNICIPALITY AND SUB-GRANTEE (if applicable):

1. State Certifications

1. That the State of Connecticut may request or require changes in the information submitted, and may substitute its own figures which it deems reasonable for any or all figures provided. That the applicant will participate in required interview for project assessment and cooperatively assist in the review process.
2. That, if the project is recommended and approved by State Council, the State reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
3. That the State of Connecticut reserves the right not to fund any submittals received.
4. That, if the project is funded, the organization agrees to abide by the State's locally established policies and guidelines.
5. That services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the State.
6. That, if the project is funded, the State or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
7. By submission of this application, the organization agrees to abide by the Federal regulations applicable to this program.
8. That the Municipality will perform an Environmental Review prior to the obligation of funds.
9. That, if the project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the municipality and the State.
10. That a project's funding does not guarantee its continuation in subsequent action plans.
11. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in Massachusetts, and in the aggregate naming the State, its employees and agents as additional insures) will be submitted to the State prior to execution of the contract.
12. Applicant shall provide written signatory authority from the organization's governing body indicating who has authority to execute contracts and amendments on its behalf.
13. Applicant agrees to abide by the State of Connecticut's Conflict of Interest policy.
14. That, if the project(s) is funded, the municipality will repay to the State any funds expended on costs consequently disallowed by the State or HUD due to ineligibility based on programs rules and regulations;
15. To the best of my knowledge and belief, the information in this Application is true and correct:
16. the governing body of the applicant has duly endorsed the document;
17. the proposed project has been reviewed and it complies with the Community's comprehensive plan and/or applicable state and local land use requirements;
18. will comply with all applicable State laws and regulations.

2. Federal Certifications

- a. will take actions to affirmatively further fair housing and implement CDBG activities in compliance with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968;
- b. will not attempt to recover capital costs for the construction of public improvements, assisted in whole or in part with CDBG funds, by charging special assessments or fees against properties owned and occupied by persons of low and moderate income, including any fee, charge or assessment made as a condition of obtaining access to such public improvements, unless:

- (i) CDBG funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than CDBG funds; or
- (ii) for purposes of assessing any amount against properties owned and occupied by persons of low and moderate income who are not persons of very low income, and the applicant certifies that it lacks sufficient CDBG funds to comply with the requirements of clause (i) above.
- c. prior to expenditure of CDBG funds, it will establish a local community development plan that identifies the Community's housing and community development needs, including the needs of low and moderate income, and the activities to be undertaken to meet them;
- d. will provide in a timely manner for citizen participation, public hearings, and access to information with respect to the Connecticut's CDBG Program and the proposed local CDBG project/program. Indicate in public notices and at public hearings that the State program is competitive, the maximum grant amount that can be requested, and the general type of activities contained in the proposed local program. Also announce in public notices the availability of the local program plan/application, describe the Community's previous CDBG performance (if any), and how the Community will collect, consider and maintain all oral and written comments received on the proposal;
- e. will adopt and follow a residential anti-displacement and relocation assistance plan which complies with Section 104 (d) of the Housing and Community Development Act of 1974, as amended, that at a minimum provides for the replacement of all low/moderate income dwelling units that are demolished or converted to a non-LMI housing use as a direct result of CDBG assistance, and a relocation assistance component;
- f. is not listed on U. S. Department of Labor's Debarred and Suspended Contractor's List and will not employ contractors or subcontractors on this list;
- g. will comply with the state's requirements regarding government-wide restrictions on lobbying; and
- h. with the exception of administrative or personnel costs, it will verify that no person who is an employee, agent, consultant, officer, or elected official or appointed official of state or local government or of any designated public agencies, or sub-recipients which are receiving CDBG funding may obtain a financial interest or benefit, have an interest in or benefit from the activity, or have an interest in any contract, subcontract or agreement with respect to CDBG activities, per 24 CFR Part 570.611.
- i. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); and because all or parts of the applicant's income is derived from any public assistance program; or because the applicant has, in good faith, exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes that he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington DC 20580.
- j. Applicant agrees to comply with the following: Fair Housing Act, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the Applicant acknowledges the above

Signature of Municipal Official:	Name:
Date:	Title:
Signature of Sub-Grantee Representative (if applicable):	Name:
Date:	Title:

ATTACHMENT A: PROJECT IMPLEMENTATION SCHEDULE

On the following table, provide a detailed list of the proposed activities discussed under the description for your CDBG project. The Activity Plan should state the activity, the objective of the activity, person(s) responsible for carrying out each activity, and the measurement criteria for the successful completion of this activity and/or project outcomes.

Table 1. Activity Plan

Table 2. Project Implementation Table

Description of Activities as Per Table 1	1 st Quarter (July – September)	2 nd Quarter (October – December)	3 rd Quarter (January – March)	4 th Quarter (April – June)

For each phase of the activity, place an “X” in the column indicating when the activity will begin and an “X” in the column indicating when the activity will be complete. (The term “quarter” refers to a quarter of the CDBG project year rather than a calendar year.)

ATTACHMENT B: PROJECT/PROGRAM LEVERAGE

LEVERAGING OF NON-STATE FUNDS

	Name of Outside Funding Source	Application Date	Award Date
#1			
#2			
#3			
#4			
#5			

ATTACHMENT C: APPLICATION CHECKLIST FOR REQUIRED DOCUMENTS

Please return a copy of this checklist marking below all Exhibits that are included in your application.

Exhibits from Application

- 1.7 Relocation: Explain circumstances/Provide G.I.N. (provide copy)
- 1.8 Project Narrative Description
- 2.1 Project Need Narrative (waiting list form)
- 3.1 Key Project Personnel (form & attachment)
- 3.6 Litigation/Compliance/Citizen Complaints – nature/status/description (if applicable)
- 4.1a Operating Funds and Rental Subsidies (form)
- 4.1b Financial or Programmatic Link with Social Service Providers (form)
- 4.7 A Procurement: Narrative & Form
- 4.7 A1 Draft Contractor Solicitation
- 4.7 A2 Draft Bid Package
- 4.7F Typical Project Schedule: Narrative
- 5.1a Community Impact Map (provide copy)
- 5.1b Map Narrative (provide copy)
- 5.1c Census Tract Data (provide information requested)
- 5.2. Letters of Support (provide copies)
- 6.1 Fair Housing Action Plan (provide copy)
- 6.2 Section 3 Plan (provide copy)
- 6.3 Fair Housing Action Steps
- 6.5 Section 3 Good Faith Efforts
- 6.6 Past Performance Set-aside
- 6.7 – 6.10 (for New Grantees)
- 6.8 Past Fair Housing Initiatives (Provide only if new grantee)
- 6.9 Section 504/ADA notice (Provide only if new grantee)
- 6.10 Section 504/ADA Self Evaluation and Transition Plan (Provide only if new grantee)
- 7.0 Consistency with State Consolidated Plan

Other Exhibits -

Certification of Compliance with the Requirements of 24 CFR 570.606 and the Residential Anti-displacement and Relocation Assistance Plan (24 CFR 42.325) (See Application Handbook)

Required Plans:

Citizen Participation Plan (See Application Handbook)

Fair Housing Action Plan

Section 3 Plan

Program Income Plan, as applicable (See Application Handbook)

Exhibits

<input type="checkbox"/>	Copies of Two Public Hearing Notices	<input type="checkbox"/>	Certified Resolution	<input type="checkbox"/>	Title VI Compliance
<input type="checkbox"/>	Affidavit of Publication Originals	<input type="checkbox"/>	Local Assurances	<input type="checkbox"/>	Application Certification
<input type="checkbox"/>	Minutes of the Public Hearing	<input type="checkbox"/>	Cooperation Agreement	<input type="checkbox"/>	Project Timetable
<input type="checkbox"/>	Financing Plan & Budget	<input type="checkbox"/>	Supporting Documentation for Financing Plan & Budget	<input type="checkbox"/>	

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: _____

1.9**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 9, 2018 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.
- Define the Service Area boundaries (attach a map).

Census Tract Number	Block Group Number	Total Persons in Census Tract or Block Group	Total Low and Moderate Income Persons

Totals: _____ (A) _____ (B)

Divide (B) by (A) and enter the percentage here: _____ %

1.9.1 Is the Project consistent with the latest State Conservation and Development Policies Plan (C&D Plan)? Yes No

11. 12. 13. 14.

Provide a brief explanation of project's consistency with the C&D Plan text and map, which category of development/conservation, and nature of Project or indicate why the Commissioner may consider an exception to the C&D Plan (do not include the entire State C&D Plan).

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.

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, 2017)? 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, 2018?

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

3. Applicant Capacity

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, 2017 grants must be 10% expended, 2016 grants must be 50% expended, and 2015 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.

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.

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
Activity: SC-96 (example)	75,000	61,000	14,000

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**.

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**.

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

6. Fair Housing and Equal Opportunity

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 _____
