**2022 Small Cities CDBG Applicant Information**

**000.0 SCAPP**

**LEAD (LEGAL) APPLICANT:**      MUNICIPALITY (TOWN/CITY) OR NONPROFIT

**CEO FIRST NAME:       LAST NAME:       TITLE:**

MAILING ADDRESS:       CITY:       ZIP:       5-DIGIT

COUNTY:       CDBG COUNTY CODE:

DIRECT PHONE:       Extension       E-MAIL:

**CHIEF FINANCIAL OFFICER: FIRST NAME:       LAST NAME:       TITLE:**

DIRECT PHONE:       Extension       EMAIL:

**GRANT CONTACT: FIRST NAME:       LAST NAME:       TITLE:**

DIRECT PHONE:       Extension       EMAIL:

**FEDERAL I.D. /TAX NUMBER:**

**DUNS NUMBER**:

**CAGE CODE**       **SAMS EXPIRATION DATE:**      M/D/YYYY

**SUB-RECIPIENT (IF APPLICABLE):**

**CHIEF EXECUTIVE OFFICER FIRST NAME:       LAST NAME:       TITLE:**

MAILING ADDRESS: STREET:       CITY:       ZIP:

PHONE:       Extension       EMAIL:

FEDERAL I.D. /E.I.N. NUMBER:

**DUNS NUMBER**:

**PROJECT NAME:**       **Requested Amount:** $

**PROJECT ADDRESS:** STREET:       CITY:       ZIP:

**Year Built (if applicable):**

Project has an Approved TPZ Certificate for this activity?  Yes  No

**PUBLIC SERVICES APPLICATIONS ONLY:**

Is this a Faith-based Organization?  Yes  No

Is applicant requesting more than $100,000 in CDBG funds?  Yes  No

Has this agency received State of Connecticut CDBG funding for

Public Services in the past five (5) CDBG program years?  Yes  No

**GRANT CONSULTANT** (if applicable) **FIRST NAME:       LAST NAME:       TITLE:**

ORGANIZATION:

ADDRESS:       CITY:       ZIP:       5-DIGIT

PHONE:       E-MAIL:

**CERTIFIED GRANT ADMINISTRATOR (CGA) COMPLIANCE:** Indicate below how the applicant will meet compliance with the State of Connecticut Certified Grant Administrator requirement.

**Grant Consultant is CGA certified:**  Yes  No

**If no,** will certification be achieved in 2022?  Yes  No

And

**Local Grant Contact is GCA certified:**   Yes  No

**If no,** will certification be achieved in 2022?  Yes  No

**000.1 GCA** Is this a multi-jurisdictional application? **(General 1)**  Yes  No

**If yes,** list all participating jurisdictions:

**If yes,** attach Cooperation Agreement(s):   **Upload**

**PROJECT TYPE:** Choose one (1) of the following:

Community Facility  Public Service

Economic Development  Planning

Housing  Other, specify  Choose one (1) of the following:

Project  Program

**00.1 FHO** FAIR HOUSING ORDINANCE attached(check one):  **Upload**

(only the ordinance language is needed; additional language from resolutions or

minutes should not be included)

What year was the ordinance adopted?

**00.2 FHAP** FAIR HOUSING ACTION PLAN attached(check one):  Yes  N

if yes, please upload  **Upload**

**00.3 S3P** SECTION 3 PLAN attached(check one):  Yes  No

if yes, please upload  **Upload**

**00.4 DFWP** DRUG FREE WORKPLACE POLICY in place and attached(check one):  Yes  No

(NB. copy of entire policy must be attached to final application)

if yes, please upload  **Upload**

**00.5 ERR** Environmental Review Record attached, when applicable(check one):  Yes  No

(NB. Exempt, CENST and Broad-level Review must be submitted with

application)**.** If yes, please upload  **Upload**

**00.6 CEPA** Please upload CEPA Intake Form **(signed by DOH ATS)**  **Upload**

**000.8 GRM** CDBG Responsibility Matrix **(General 8)**  Yes  No

If yes, please upload  **Upload**

Will this be the applicant’s first CDBG grant if awarded? Yes  No

Will the applicant unit of government have open CDBG grants at time of application?

(from above)  Yes  No

If yes, list them

In what Connecticut Senate District(s) is this project?

In what Connecticut House of Representatives District(s) is this project?

In what US Congressional District(s) is this project?       Name:

# Citizen Participation

Two public hearings must be held at different stages of project development. One public hearing must be held prior to submission of the application. The second public hearing must be conducted no earlier than 1 year from execution of Assistance Agreement and prior to submission of Pre-Closeout Certificate.

**Note: New public hearings must be held for each grant cycle, regardless of prior application(s).**

|  |  |
| --- | --- |
| **Public Hearing Information** | **Date** |
| First Notice of first public hearing | M/D/YYYY |
| Second Notice of first public hearing | M/D/YYYY |
| Date of first public hearing | M/D/YYYY |

Describe the methods used to solicit participation of low-and moderate-income persons:

Denote any adverse comments/complaints received and describe resolution:

Describe outcomes of 4-Factor Analysis for Limited English Proficiency:

If no comments were made by the residents during the public hearing, describe efforts to obtain input from residents on the project?

**PUBLIC HEARING DOCUMENTATION attached** (check one):  Yes  No

(the following documents must be attached)

* **00.7 CPP** Citizen Participation Plan  **Upload**
* **00.8 CPHN** Copy of Advertisements of Public Hearing Notices  **Upload**
* **00.9 CPA** Copy of Publishers Affidavit  **Upload**
* **00.10 CPHM** Copy of Certified Minutes of the Public Hearing  **Upload**
* **00.11 CPAL** Copy of Attendees List (Town Officials and General Public)  **Upload**
* **00.12 CPSIS** Copy of Sign-In Sheet for Public Hearing  **Upload**
* **00.14 CPRCC** Copy of response(s) to comments and/or complaints  **Upload**
* **000.2 GALR** Copy of Certified Adopted Local Resolution (General 2)  **Upload**
* **00.15 FFA** Copy of Four Factor Analysis  **Upload**
* **00.16 LAP** Copy of Language Access Plan (if required)  **Upload**
* **00.17 PIP** Program Income Plan (as applicable)  **Upload**

# National Objective Identification

Identify only one of the CDBG National Objectives listed below.

**Benefit to Low- and Moderate-Income Persons**  Area Benefit  Limited Clientele

Jobs  Housing

Urgent Need

**Prevention or Elimination of Slums or Blight**  Area Basis  Spot Basis

**Complete the following questions. Census data must be provided even if an Income Survey will be used**.

**Percentage** served by the project from HUD Low/Mod Summary Data (Census):      %

List the census tract number(s) that are included in the project area:

List the census tract block group(s) that are included in each of the census tracts listed in the previous question:

Explain why the National Objective was selected and how this project meets the criteria of that Objective. Refer to the instructions, on pages 3-5, for further guidance on the criteria and information that must be included. Specifically, make sure to address the questions listed for the chosen national objective.

* **00.18 NO** Documentation supporting the National Objective: **Upload**

If an Income Survey was used, please complete the following items:

Low/Mod **percentage** from that survey:     %

Date the Income Survey was started:       M/D/YYYY

If Census Data was used to establish the percentage of low-to-moderate income, report the percentage and Census data as follows:

* If the Service Area covers **all** the Block Groups in a Census Tract, list **only** the Census Tract number (do **not** list the Block Group numbers). Provide data for **all** 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 **only** for the persons who reside in each of the Block Groups.

|  |  |  |  |
| --- | --- | --- | --- |
| **Census Tract Number** | **Block Group Number** | **Total Persons in Census Tract or Block Group (A)** | **Total Low and Moderate Income Persons (B)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

Column (B) divided by Column (A):      %

* **00.19 TPZC** Town Planning & Zoning Certificate.  **Upload**

Upload proof of zoning approval for this activity or

Provide date approval is anticipated if not available at the time of this application submission.

**\*\*\*\*\*\*\*\*The remainder of the page was left blank intentionally\*\*\*\*\*\*\*\*\***

Beneficiaries

**Accomplishments**  
Enter the proposed accomplishments for this activity according to only one (1) of the following unit types.

**Unit Type # of Units Unit Type # of Units**  
People       Housing Units      

Jobs       Households      

Total beneficiaries must equal the sum of 1-10. L/M and Non-L/M must equal the sum of 1-10.

**Total Beneficiaries:**       **Housing Units (if applicable):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Total** | **%** | | **Of the total population in the service area how many are Hispanic?** | **%** | **Activity Description** |
| **Number of People** |  | |  |  |  |  |
| SINGLE RACE | 1. Number of Whites | 0 | % | | 0 | % |  |
| 2. Number of Blacks / African Americans | 0 | % | | 0 | % |  |
| 3. Number of Asian | 0 | % | | 0 | % |  |
| 4. Number of American Indian / Alaskan Native | 0 | % | | 0 | % |  |
| 5. Number of Native Hawaiian / Other Pacific Islander | 0 | % | | 0 | % |  |
| MULTI-RACE | 6. American Indian / Alaskan Native & White | 0 | % | | 0 | % |  |
| 7. Asian & White | 0 | % | | 0 | % |  |
| 8. Black / African American & White | 0 | % | | 0 | % |  |
| 9. American Indian / Alaskan Native & Black / African American | 0 | % | | 0 | % |  |
| 10. Balance / Other | 0 | % | | 0 | % |  |
|  | Number of Handicapped | 0 | % | | 0 | % |  |
| Number of Elderly People | 0 | % | | 0 | % |  |
| Number of Female-headed Households | 0 | % | | 0 | % |  |
| **Number of Low/Moderate-Income People** | 0 | % | | 0 | % |  |
| **Number of Non-Low/Moderate People** | 0 | % | | 0 | % |  |

**Project Information**

**1.1 Project/Program Description.** Describe the proposed project/program. Limit to **1000 words.**

**Upload**

**1.2 Acquisition**

Does the proposed project require the applicant to acquire property?  Yes  No

Does the town/non-profit have title to the property?  Yes  No

If the town/non-profit does not have title, is there an option to purchase

the property?  Yes  No

If yes, include expiration date      M/D/YYYY

**1.2.A** If acquisition is needed, will relocation be required?  Yes  No

If Yes, please explain:

**1.3 Tenant Relocation**

**(**check all that apply)

Tenants will be permanently relocated

Tenants will be temporarily relocated

No tenant relocation

**1.4 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

**1.4.A** (If yes, provide a copy of the Notice)  **Upload**

**1.4.B Tenant Relocation Plan** attached  Yes  No

(If yes, please upload)  **Upload**

**1.4.B.1** Does your **Tenant Relocation Plan** reflect COVID-19 Safe Practices?  Yes  No

**1.4.C Relocation Consultant**

(Has a Relocation Consultant been procured?)  Yes  No

**1.5 Fair Housing Plan**  **Upload**

**1.6. Is the Project consistent with the latest State Plan of Conservation & Development policies (C&D Plan)?**

Yes  No

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, just the section of relevance ).**

**Project/Program Need**

**2.1 Project/Program Need.** Describe the need for the proposed project/program. **Limit to 500 words**.

**Upload**

**2.1.A** Complete and attach Exhibit 2.1.A  **Upload**

**2.1.B Public Housing Modernization** must submit CNA, photos, documentation of Health & Safety Issues

**Upload**

**2.1.C For Infrastructure projects**, choose from the Application Handbook, listing the appropriate supporting documentation (e.g. pictures and reports supporting sever deterioration)  **Upload**

**Applicant Capacity**

**3.1 Key Personnel.** Identify key personnel, including the CEO, applicant staff, sub-recipient staff,

consultants (and consultants staff), who will be involved in the proposed project. Please

attach resumes or narratives as necessary.  **Upload**

**3.1.A Key Personnel list**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Organization | Project Role | Qualifications |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3.1.B (Public Services Applications Only)** Describe your, and/or the affiliate 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.        **Upload**

**3.1.C (Public Services Applications Only)** 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 project locations as to where services will be provided.        **Upload**

**3.2 Small Cities Projects.** Identify the four (4) most recent Small Cities CDBG projects similar to the one proposed that the grantee and/or sub-recipient has either completed or assisted in completing.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project** | **Grantee/Sub-recipient** | **Date Initiated**  **M/D/YYYY** | **Planned Completion Date** | **Date**  **Completed**  **M/D/YYYY** | **Original Budget**  **End Date**  **M/D/YYYY** | **Final Budget End Date**  **M/D/YYYY** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**3.3 Community Development Projects.** Identify the most recent community development projects (up to six) completed by the applicant and funded from sources other than Small Cities CDBG within the last ten (10) years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project** | **Date Initiated**  **M/D/YYYY** | **Planned Completion Date** | **Date**  **Completed**  **M/D/YYYY** | **Original Budget End Date**  **M/D/YYYY** | **Final Budget End Date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**3.4 Prior Expenditure Verification.** Identify the spending status of every Small Cities CDBG grant that has not received a Closeout Certificate.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grant Number (SC#)** | **Grant Year** | **Total Grant Amount** | **Amount Expended** | **Percent Expended** |
|  |  | $ |  | % |
|  |  | $ |  | % |
|  |  | $ |  | % |
|  |  | $ |  | % |
|  |  | $ |  | % |
|  |  | $ |  | % |
| **Total** |  | **$ 0.00** |  | **0.00%** |

**3.5 Prior Project Compliance.** For all projects listed above, indicate any instances of audit or monitoring findings and the status of those findings.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grantee/Sub-recipient** | **Project Name** | **Funding Source** | **Finding** | **Status** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3.6** Is either the applicant or sub-recipient 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

**3.6.A** 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:        **Upload**

**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. $

Reason:

# **Project Feasibility and Merit**

**4.1 Budget Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITY** | **CDBG** | **LOCAL** | **IN-KIND** | **TOTAL** |
| Construction Costs | $ | $ | $ | $ 0.00 |
| Program Soft Costs | $ | $ | $ | $ 0.00 |
| Professional Fees | $ | $ | $ | $ 0.00 |
| Land Acquisition  (if any) | $ | $ | $ | $ 0.00 |
| Environmental Review | $ | $ | $ | $ 0.00 |
| General Administration  (Maximum of $33,000 or 8% of the grant, whichever is less. | $ | $ | $ | $ 0.00 |
| **TOTAL** | **$ 0.00** | **$ 0.00** | **$ 0.00** | **$ 0.00** |

4.1.A Complete Exhibit 4.1.A- CDBG Financing Plan and Budget  Upload

4.1.B Attach all commitment letter(s).  Upload

**4.2 Local Leverage**

List the sources of local match and leveraged funds. Amounts should be rounded to the nearest dollar.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Source of Funds By Agency** | **Date of Application/ Commitment**  **M/D/YYYY** | **Date of Commitment: Indicate FC/CC/NC/**  **AP** | **Amount of Funds** | **Type of Funds (i.e. grant/loan)** | **Rate and Terms of Funding (if applicable)** | **Annual Debt Service** | **Name & Phone # of Contact Person** |
|  |  |  | $ |  |  | % | Name       Phone number |
|  |  |  | $ |  |  | % |  |
|  |  |  | $ |  |  | % |  |
|  |  |  | $ |  |  | % |  |
|  |  |  | $ |  |  | % |  |
| **Total** |  |  | **$ 0.00** |  |  | **0.00%** |  |

Firm Commitment (FC) Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, without condition.

Conditional Commitment (CC) Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, with conditions.

No Commitment (NC) There is no documentation from another funding source identified by the applicant.

Application Pending (AP) Attach a letter or other written documentation from the funding source(s) indicating that they have received information/application for the specific project.

4.2 continued

Identify all potential sources of financing for this project in order of lien position. 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?

4.2.A Operating Funds and Rental Subsidies (Public Housing Projects)

Briefly identify all sources of operating funds and rental subsidies for this project.

Complete Exhibit 4.2.A and  Upload

4.2.A.1 Attach all commitment letter(s).  Upload

4.2.B Financial or Programmatic Link with Social Service Providers (if applicable)

Briefly identify any links that will be formalized with social service providers.

Complete Exhibit 4.2.B and  Upload

4.2.B.2 Attach all commitment letter(s).  Upload

**4.2.C** **Multi-Unit Housing Projects**

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.  Upload

4.3 Program Income on Hand (All Applications) Indicate the amount of program income on hand, the year it was earned, and the source.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source(s) of Program Income** | **PI Earned to Date** | **PI Expended to Date** | **PI on Hand** |
| *Activity: SC-18* | *$75,000* | *$61,000* | *$14,000* |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **TOTAL** | **$ 0.00** | **$ 0.00** | **$ 0.00** |

**4.3.A**

Certify the Program Income account balance, statement ending April 30, 2022.  **Upload**

**4.3.B**

If Program Income on Hand reported above, is greater than $35,000.00, demonstrate in 200 words or less how the Town will allocate the unused PI to this project. Reallocation of PI is only needed if there isn’t an active program.

Indicate amount of Program Income committed to this Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Upload**

**4.3.C**

If no funds are reallocated for this project, please describe in 200 words or less how the balance of PI will be applied within the next fiscal year.  **Upload**

**\*\*\*\*\*\*\*\*This page was left blank intentionally\*\*\*\*\*\*\*\*\***

us

# **TECHNICAL COMPLIANCE**

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

4.4 Site and Building Report Complete and submit all requested documentation.  Upload

See handbook for list of documents.

**4.4.A Infrastructure Projects** Complete Exhibit 4.4.A  **Upload**

**4.4.B Coordination/Approvals/Clearances/Readiness to Proceed**  **Upload**

Complete Exhibit 4.4.B

**4.5 Construction Documents**

4.5 Construction Documents Status Sheet  Upload

Complete Exhibit 4.5

4.5.A Drawing & Specifications Compliance Certification  Upload Complete Exhibit 4.5.A

4.5.A.2 Drawings and Specifications  Upload

**4.5.B Construction Cost Estimate**   **Upload**

Complete Exhibit 4.5.B

**4.5.C Project Development Budget**  **Upload**

Complete Exhibit 4.5.C

**4.5.D A/E Professional Services Procurement Compliance**  **Upload**

Procurement for professional services must be according to all state and

federal required guidelines. Submit RFP/Q, score sheets as Exhibit 4.5.D

**4.5.D.1 Grant Consultant Procurement and Contract** (As Applicable)  **Upload**

Submit a copy of consultant contract and RFP/Q advertisement.

**4.5.D.2 A/E Services Procurement and Contract**

Architect’s contract, RFQ/P, copy of advertisement, score sheets,  **Upload** list of responders

**4.5.D.3 Construction Procurement Plan** Narrative  **Upload**

**4.5.D.4 Draft Bid Advertisement or Quote Solicitation Document**  **Upload**

**4.5.D.5 Draft Owner/Contractor Agreement** (As Applicable) **Upload**

**4.6 Energy Efficiency, Green Building and RESILIENCY** (All Projects)

Upload supporting documents for the energy/green building design features and products

you intend to Incorporate from categories A-F below.

**4.6.A** Energy Upgrades – Energy Conservation Plan, Utility Letter of Participation  **Upload**

**4.6.B** On-site Renewable Energy (solar photovoltaics, solar thermal, wind)  **Upload**

**4.6.C**  Water Efficiency – Plumbing fixtures specifications to comply with

EPA WaterSense® Program. Submit plumbing fixtures specifications or schedule.

Water Closets (1.28gpf), Lavatories (0.5 gpm), Shower (2.0 gpm),

Dishwater (GPC < 3.5), Clothes Washer (IWF < 4.3) **Upload**

**4.6.D** Sustainable Sites

Alternate Transportation, Low Impact Development strategies for

sustainable storm water management, protection of Existing Vegetation,

Dark Sky compliant Site Lighting  **Upload**

**4.6.E** Materials

Low Emitting Flooring (Floorscore/Greenguard Gold/Green Label Plus)  **Upload**

Low Emitting Indoor Materials. Submit specifications for the following:

Interior Paints and Primers: 50 g/L VOC max.

Anti-corrosive paints: 250 g/L VOC max.

Coatings: 100 g/L VOC max.

Sealants: 250 g/L VOC max.

Adhesives: 50 g/L VOC max.

Composite Woods: No Added Urea Formaldehyde (NAUF)

* 1. Residential Rehabilitation Programs

4.7.A.1 Please describe the Applicant’s Procurement Process  Upload

4.7.A.2 Submit the Applicant’s Procurement Policy   Upload

4.7.A.3 Draft Contractor Solicitation Document  Upload

4.7.A.4 Draft Bid Package  Upload

4.7.B.1 Building/Site Evaluation Process  Upload

**4.7.B.2** Initial Inspection Form  **Upload**

**4.7.C** Hazardous Material Notification Process **Upload**

**4.7.C.2** Standard Hazardous Material Notification Letter/Document  **Upload**

**4.7.D** Construction Monitoring Process  **Upload**

**4.7.D.2** Progress Inspection Form  **Upload**

**4.7.E** Approval/Permitting Process  **Upload**

**4.7.F** Typical Project Schedule **Upload**

**4.7.G** 75% Rule/Walk-Away Compliance Certification  **Upload**

**4.7.H** Rehabilitation Standards/Asbestos/Lead Compliance Certification  **Upload**

**4.7.I** Program Development Budget  **Upload**

**4.7.J** Cost Estimating Form  **Upload**

**4.7.K** Construction Administration Protocol  **Upload**

4.7.L Energy Star  Upload

4.7.L.2 Sustainable Green Products  Upload

4.7.L.3 Construction waste recycling  Upload

**4.8** **PUBLIC SERVICES PROGRAMS ONLY:**

4.8.A Program Sustainability - Describe the organization’s plan or ability to maintain this program in light of any potential staffing changes without jeopardizing service to clients or CDBG grant obligations.

Upload

4.8.B Financial Sustainability – Describe your organization’s financial sustainability plans.

Upload

4.8.C Program Development Budget -

Upload Exhibit 4.8.C  Upload

**4.9 Projected Timeline**

Please provide projected dates of completion for the following. NB. these dates will be considered part of your project schedule.

Project Design and Specifications Completed:**M/D/YYYY**

Construction Bid Opening Date: **M/D/YYYY**

Construction Start Date: **M/D/YYYY**

4.9.1 Exhibit 4.9.1 Complete and upload  Upload

*If approved, the schedule will become an Appendix to the Assistance Agreement. You will be monitored for compliance with these dates. Therefore, you must estimate the dates as wisely as possible.*

# **Community Impact**

5.1.A Community Impact Map

The community 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.  **Upload**

**5.1.B Community Impact Map Narrative** Highlight important features represented on the map and address the points listed in the Handbook.  **Upload**

**5.1.C** Does the community have an approved **Community Revitalization Strategy Area (CRSA)**?

(From above) YES  NO

If Yes: Is this application activity part of the community’s CRSA?  YES  NO

5.2 Community Letters of Support

List all letters of support received from those who provide and receive services in the project area, or represent those who receive services? Letters must be signed (if applicable) on letterhead

Include copies of all letters listed  **Upload**

5.3 Resident Participation

How does this project promote resident participation? If a housing authority activity, does it have a Resident Participation Plan? Briefly describe in 200 words or less how the plan is promotedand executed.

Housing Authority Activity?  YES  NO

Resident Participation Plan?  YES  NO

Attach Resident Participation Plan, if applicable.  **Upload**

**5.4 FOR HOUSING PROJECTS ONLY:**

**Housing Activities:**

**5.4.A.** Any displacement anticipated  YES  NO

**5.4.B** 1 for 1 Replacement  YES  NO

**5.4.C** If this is a first-time home ownership program, will a training program be required?  YES  NO

Number of Hours:       Hrs.

Description:

**5.5 FOR PUBLIC SERVICE PROJECTS ONLY:**

Describe how the program is evaluated in its effectiveness at addressing the need outlined in **question 2.1.** Include anticipated results and previous results if the program is ongoing.

Fair Housing and Equal Opportunity

6.1 Local Fair Housing Action Steps – PAST GRANTEES ONLY

Enter at least three (3) activities in process or completed within the last 3 years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action Step #** | **Activities Performed** | **Staff Responsible** | **Date Started**  **M/D/YYYY** | **Date Completed**  **M/D/YYYY** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. **Section 3 Past Performance – PAST GRANTEES ONLY**

Goals: 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **# of Proposed Contracts** | **Dollar Amount** | **Training/Hiring** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| **Total** |  | **$ 0.00** |  |

**6.2.A** Accomplishments: Document the Accomplishments associated with the goals listed above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **# of Proposed Contracts** | **Dollar Amount** | **Training/Hiring** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
| **Total** |  | **$ 0.00** |  |

Provide supporting documentation of your Accomplishments:  **Upload**

* 1. **Section 3 Good Faith Efforts – PAST GRANTEES ONLY**

Indicate the town’s good faith efforts to comply with Section 3. Check all that apply:

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:

Supply supporting documentation for each:  **Upload**

**6.4 MBE/WBE Past Performance – PAST GRANTEES ONLY**

Enter the number of contractor and subcontractor awards made to certified small, minority and women’s business enterprises over the past 3 years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Number of Contracts** | **MBE** | **WBE** | **SBE** | **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.  **Upload**

**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:

6.5 Local Fair Housing Initiatives – NEW GRANTEES ONLY

Enter up to three (3) projects, initiatives or actions to promote Fair Housing within the last 3 years.

|  |  |  |
| --- | --- | --- |
| **Projects, Initiatives, Actions Performed** | **Date Started**  **M/D/YYYY** | **Date Completed or Target date to complete** |
|  |  |  |
|  |  |  |
|  |  |  |

Provide supporting documentation of your projects, initiatives or actions:  **Upload**

6.6 Section 504/ADA Notice – NEW GRANTEES ONLY

Upload **Exhibit 6.6**  **Upload**

6.7 Section 504/ADA Grievance Procedure - NEW GRANTEES ONLY

Upload **Exhibit 6.7**  **Upload**

6.8 Section 504/ADA Checklist for Existing Facilities - NEW GRANTEES ONLY

Has the town completed or updated a Section 504/ADA Self Evaluation for all of its facilities within the past 3 years? If yes, provide a signed and dated copy.  YES  NO

**Exhibit 6.8**  **Upload**

6.9 Section 504/ADA Self Evaluation Questionnaire - NEW GRANTEES ONLY

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? If yes, provide a signed

and dated copy  YES  NO

**Exhibit 6.9**  **Upload**

6.10 Section 504/ADA Transition Plan - NEW GRANTEES ONLY

Has the town completed or updated a Section 504/ADA Transition Plan for its facilities and its programs within the past 3 years? If yes, provide a signed and dated copy.  YES  NO

**Exhibit 6.10**  **Upload**

**7.0 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.        Upload

**8.0 Consistency with State Consolidated Plan**

Show how the Application meets the State’s 2020-2024 or **latest available** Consolidated Plan with the needs and goals addressed.

*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***:*

**Upload**

**9.0 DOH Training**

Did you attend the required Small Cities Application Workshop for the current year?

YES  NO

**9.0.A** Please enter the name of staff member (s) and title (s):

**9.1** Please list any non-required relevant Housing & Community Development trainings attended by municipal staff within the last 2 years as it relates to this Small Cities grant application.

|  |  |  |
| --- | --- | --- |
| **Staff Member/Title** | **Training Attended** | **Date**  **M/D/YYYY** |
|  |  |  |
|  |  |  |
|  |  |  |