**City of New Haven**

**2020 CARES Act Application for Funding**

**CDBG-CV, ESG-CV, and HOPWA-CV**

**Date:** Click or tap to enter a date.

**Submitted by:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

## **Agency:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Agency Email:** Click or tap here to enter text.

**Applicant’s Federal ID Number:** Click or tap here to enter text.

**Contact Person:** Click or tap here to enter text.

**Contact Person Email:** Click or tap here to enter text.

**Funding Source/Grant Requested:** Click or tap here to enter text.

**Amount of Funds Requested:** Click or tap here to enter text.

**Total Project Cost:** Click or tap here to enter text.

**Need Category (From Page 3):** Click or tap here to enter text.

**Project Title:** Click or tap here to enter text.

**Brief Description of Project:** Click or tap here to enter text.

***Applications must be emailed to*** [***conplanapp@newhavenct.gov***](http://)

***by August 7, 2020 no later than 5:00 pm.***

**No applications will be accepted by Management and Budget after this deadline.**

**Funds must be used to PREVENT, PREPARE FOR or RESPOND TO COVID-19**

**Introduction**

HUD has made available $3.064 billion through its Community Development Block Grant, Emergency Solutions Grant, and Housing Opportunities for Persons With AIDS programs.

***Community Development Block Grant program***

* **$2 Billion to Help States, Communities, and Non-profits:**
* Construct **medical facilities** for testing and treatment.
* E**xpand capacity of hospitals** to accommodate isolation of patients during recovery.
* **Replace HVAC systems** to temporarily transform commercial buildings or closed school buildings into clinics or treatment centers.
* Support **businesses manufacturing medical supplies.**
* Construct a **group living facility** to centralize patients undergoing treatment.
* Carry out **job training of health care workers** **and technicians** who are available to treat disease within a community.

***Emergency Solutions Grants program***

* **$1 Billion to Keep America’s Homeless Citizens Safe:**
* Build **more emergency shelters** for homeless individuals and families.
* **Operate emergency shelters** by providing maintenance, rent, repair, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation.
* **Provide Hotel/Motel Vouchers** for homeless families or individuals.
* Provide essential **services** **to people experiencing homelessness** including **childcare, education services**, outreach, employment assistance, outpatient

health services, legal services, mental health services, substance abuse treatment services, and transportation.

* **Prevent individuals from becoming homeless** and rapidly rehouse homeless individuals.

***Housing Opportunities for Persons With AID***

* **$63.7 Million to Help American’s with Compromised Immune Systems:**
* Increase the level of safe, stable housing for Persons Living with HIV/AIDS and their household members, by providing rental and utility assistance

and other short-term lodging assistance to address isolation and self-quarantine needs.

* Ensure access to HIV medical care and treatment, chemical dependency treatment, and **mental health** treatment.
* Provide persons with compromised immune systems with **nutritional services** and assistance with daily living.
* Assist in **job training** and placement assistance.

**The City of New Haven has received three (3) categories of funding under the CARES Act. They include CDBG-CV, ESG-CV and HOPWA-CV.**

**CDBG-CV** funds must be used to provide programs and activities that directly prevent, prepare for or respond to COVID-19 with a focus on low and moderate-income individual and household needs.

**ESG-CV** funds must be used to provide programs and services that directly prevent, prepare for or respond to COVID-19 for homeless individuals and households and to provide housing stability to households at imminent risk of homelessness.

**HOPWA-CV** funds must be used for programs and services that directly prevent, prepare for or respond to COVID-19 for individuals living with HIV/AIDS and their families.

**CARES Act funds may be used to reimburse allowable costs incurred to prevent, prepare for, and respond to COVID-19 as of March 1, 2020. CARES Act funds cannot supplant lost revenue of the organization and may not be used for duplication of benefit. CDBG-CV funds may be used as a 25% match to FEMA funding.**

**The City highly encourages applicants to coordinate with other service providers that offer similar services.**

**Grant Need Categories**

The City of New Haven will utilize its CARES Act funding under the CDBG-CV, ESG-CV and HOPWA-CV grant programs to address nine (9) general categories of need. Non-profit agencies may choose from categories 1-6 for their application. Need categories include:

1. Rapid Re-Housing\Homelessness Prevention (ESG-CV $1,680,371)
2. Emergency Shelter Assistance\ Assistance to Unsheltered (ESG-CV $420,093)
3. Public Health and Safety (CDBG-CV $250,000)
4. Basic Needs (CDBG-CV $360,361 and ESG-CV $357,974)
5. Support for At-Risk Populations (CDBG-CV $100,000)
6. HOPWA-CV $160,839 (TBRA, STRMU, accessing essential services and supplies, etc.)
7. Housing Assistance Program\Housing Stabilization (CDBG-CV $802,393 – A separate application for funding will be available through the LCI)
8. Economic Resiliency (CDBG-CV $500,000 – A separate application for funding will be available through Economic Development Administration)
9. Program Administration\Oversight (CDBG-CV and ESG-CV, for **City department use only**)

### **Project Narrative**

Narrative should include all of the following:

1. **Mission Statement** - Identify the overall mission and program goals of the organization.

Click or tap here to enter text.

1. **Needs Statement** - Identify the needs to be addressed by the proposed project. Needs must be related to the prevention of, preparation for or response to COVID-19.

Click or tap here to enter text.

1. Describe activities to be undertaken or the services to be provided and how achieve the expected benefit Note, the proposed activities must prevent, prepare for or respond to COVID-19 relief. (A list of eligible activities can be found in Appendix C. Please note, Environmental Regulations may apply, see attached **STATEMENT ASSURING COMPLIANCE WITH APPLICABLE ENVIRONMENTAL REGULATIONS**)

Click or tap here to enter text.

1. Describe the population to be served. *Include the number of persons or households intended to be served with the funds you receive from this grant.*

Click or tap here to enter text.

1. How is outreach to clientele achieved? How will services be advertised or marketed?

Click or tap here to enter text.

1. How will the program complement services currently being provided?

Click or tap here to enter text.

1. How will your agency coordinate with other similar service providers (highly encouraged)?

Click or tap here to enter text.

1. Identify how this project meets the objective of benefiting low- and moderate-income persons or individuals with special needs.

Click or tap here to enter text.

1. Describe the method of implementation and the implementation schedule.

Click or tap here to enter text.

1. Provide a realistic time schedule for each described activity and estimate completion dates.

Click or tap here to enter text.

1. Describe other funds sought or available, including the amounts and sources of those funds. ***These funds may not provide a duplication of other assistance received or sought*.**

Click or tap here to enter text.

1. Has your organization **received CDBG, ESG or HOPWA assistance in the past**?

Yes [ ]  No [ ]

**If you answered yes** to the above question, please provide background on how funding was utilized for the last 3 program years funds were received.

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| **Program Years or** **Fiscal Year** | **Name or description of the program** | **Number of clients served for each year of funding** |
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**2.0 Performance Indicators**

**Performance Indicators**

The City measures the performance of all programs and activities and will require Outcome Indicators from each grantee as part of the City’s monitoring and as part of each organization’s close of year reporting. Recipients that are unable to provide measurable outcomes with observable indicators of change or progress, appropriate to their eligible category, will jeopardize funding.

**Population to be Served:**

1. Proposed number of persons (P) or households (H) served Click or tap here to enter text. **enter a (P) or (H) after the number.**
2. Describe the income levels and the **method for determining income levels** of participating persons: Click or tap here to enter text.
3. Income levels of proposed persons or households to be served:
* number extremely low income Click or tap here to enter text.
* number low income Click or tap here to enter text.
* number moderate income Click or tap here to enter text.
* non- low\moderate income Click or tap here to enter text.
1. Of the Proposed # of persons (P) or households (H) indicated above, please identify the following:
* Proposed number of Elderly and/or Disabled to be served: Click or tap here to enter text.
* Proposed number of female-headed households to be served: Click or tap here to enter text.
* Proposed number of youth to be served: Click or tap here to enter text.
* Proposed number of homeless to be served: Click or tap here to enter text.
* Proposed number of at-risk of homelessness to be served: Click or tap here to enter text.
* Proposed number of new businesses to be created: Click or tap here to enter text.
* Proposed number of businesses to be retained: Click or tap here to enter text.
* Proposed number of jobs to be created or retained: Click or tap here to enter text.
* Proposed number of businesses to be assisted through technical services: Click or tap here to enter text.
1. Identify the **beginning and end dates of the proposed project:** Click or tap to enter a date. to Click or tap to enter a date.
2. **Objectives:** Based on the intent of the activity, which of the following three objectives best describes the purpose of the activity (**Please select only one**):

[ ]  **Suitable Living Environment** – In general, this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.

[ ]  **Decent Housing** – This objective focuses on housing programs where the purpose of the program is to meet individual family or community needs.

[ ]  **Creating Economic Opportunities** – This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

**(6b.)** **Broad Quantifiable Outcomes:** Which of the following outcome categories best describes your program/project/activity’s purpose? Outcomes are defined as observable changes in people, places or things as a result of a project’s outputs (**Please select only one**):

[ ]  **Availability/Accessibility**- This outcome applies to making basic services, infrastructure, housing, shelter, or other basic needs accessible or available to low- or moderate-income people (to make where they live more suitable).

[ ]  **Affordability**- This outcome applies to activities which provide affordability in a variety of ways in the lives of low- and moderate-income people.

[ ]  **Sustainability: To Promote** **Livable or Viable Communities**- This outcome applies to projects where the activity or activities are aimed at improving a neighborhood by helping to make it livable or viable for principally low and moderate income people through multiple activities, or by providing services that sustain communities or sections of communities.

**3.0 Budgets and Finances**

1. **PROPOSED PROGRAM BUDGET FORM**

**All CARES Act funding must be spent to directly prevent, prepare for, or respond to COVID-19. All expenses must be NECESSARY to carry out the proposed project, providing a direct client benefit and not for day to day operation or administration of the organization.**

 Select the appropriate line item(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line Item #** | **Description** | **CDBG-CV Request** | **ESG-CV****Request** | **HOPWA-CV****Request** |
| 50110 | Salaries | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 50150 | Unemployment Comp | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 51809 | Medical Benefits | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 56695 | Temporary/Part Time Help | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 58852 | Social Security (F.I.C.A.) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 59933 | Insurance – Worker’s Comp. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Personnel Subtotal** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| 54411 | Equipment\* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 55574 | Other Materials & Supplies | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 55584 | Food and Food Products | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 55594 | Medical Supplies\* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 56638 | Insurance | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 56653 | Rental Assistance | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 56654 | Utility Assistance | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 56656 | Equipment Rentals | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 56694 | Other Contractual Services**\*\*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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|  | **Non-Personnel Subtotal** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | **Total** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\* All equipment purchased with CDBG funding must be reported to the City so an inventory can be maintained as required by HUD. The City has the right to reclaim purchased equipment that is not used for eligible activities.

\*\* A description of service that will be subject to a contract is required. Contracts must be in writing, executed and approved by the City prior to payment of expenses. Administrative and/or overhead expenses of sub-recipients **are not** eligible under other contractual services.

**(**1a) For each line item identified, provide written justification as to the need, relevance, and cost effectiveness of the requested item for the successful implementation of the proposed project. **NOTE: Other Contractual Services (line item 56694) for any contractual services, on a separate sheet, provide an itemized description of the services proposed with an estimate for each item.**

|  |  |
| --- | --- |
| **Line Item # (from previous page)** | **Justify the NEED, RELEVANCE AND COST EFFECTIVENESS** |
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(2) **Leveraged Funding**

List other funding sources that will complement the program

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| --- | --- | --- | --- |
| **Funding Source Name** | **Approved Amount** | **Pending Amount** | **To Be Requested Amount** |
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*\* Other Funding Sources refers to funds which support the project being proposed by your Agency other than CARES Act funding.* What other funding sources are available for the proposed program or activity? HUD does not allow projects that can be funded with other resources (ie: FEMA, SBA, the State of Connecticut, etc.) to avoid duplication of benefit.

(3) **Personnel Service Detail**

Complete the following Personnel Budget for personnel being requested through this application only:

Period Covered: Click or tap to enter a date. to Click or tap to enter a date.

***(List each position separately)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position or Title** | **Hire Date****or****Date to be Hired** | **Total Annual Salary** | **Amount of Salary Requested from this Application** | **Leveraged Salary Amount** | **Leveraged Salary Funding Source** |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Subtotal** Salaries |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

***Fringe Benefits/Employer Taxes***

|  |  |  |
| --- | --- | --- |
| Category | Cost Basis Percentage/Calculation Detail | Amount |
| 50150 ‑ Unemployment Compensation | Click or tap here to enter text. | Click or tap here to enter text. |
| 51809 ‑ Medical Benefits | Click or tap here to enter text. | Click or tap here to enter text. |
| 58852 ‑ Social Security (FICA)/Medicare | Click or tap here to enter text. | Click or tap here to enter text. |
| 59933 - Insurance-Worker’s Compensation | Click or tap here to enter text. | Click or tap here to enter text. |
| **Subtotal** Fringe Benefits and Employer Taxes | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Salary & Fringes Requested** | Click or tap here to enter text. | Click or tap here to enter text. |

### **4.0 New Applicant Agency Information and Background (complete only if your agency has not applied for Consolidated Plan Funding during the last 2 years)**

### Agency Background

Include the length of time the agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency’s capabilities, the number and characteristics of clients served, and license to operate (if appropriate).

Click or tap here to enter text.

### Personnel

Briefly describe the agency’s existing staff positions and qualifications and state whether or not the agency has a personnel policy manual with an affirmative action plan and grievance procedure.

Click or tap here to enter text.

### Budget

Attach **a full organizational budget for your current (2019-2020)** operating year, showing ALL sources and uses of funds.

### Attach the organization’s most recently filed IRS Form 990, 990-EZ or 990-N.

*According to the IRS,* *most tax-exempt organizations are generally required to file an annual return as indicated. Form 990-N must be filed by organizations with gross receipts less than or equal to $50,000. Form 990-EZ must be filed by organizations if gross receipts are less than $200,000 or if total assets are below $500,000. Form 990 must be filed by organizations if gross receipts are greater than or equal to $200,000 or if total assets are greater than or equal to $500,000. Please note that your organization must have the appropriate documentation completed and available no later than 6 months after the close of the organization’s fiscal year.* ***All organizations must provide a copy of their most recently filed IRS form 990, 990EZ, 990-N or a statement of exemption****.*

### Audit Requirements

*Attach the most recent* ***financial statement or single audit*** *for the organization’s most recent fiscal year based upon the following:*

*a.) Program specific financial statement for an organization that received less than $100,000 in City of New Haven’s Consolidated Plan funding.*

*b.) Organization-Wide financial statement complied by an independent auditor for an organization that received at least $100,000 but less than $750,000 in City of New Haven’s Consolidated Plan funding.*

*c.) Single Audit for an Organization which received more than $750,000 in federal funds as required by OMB Circular A-133.*

**Agency Administration (required of all applicants)**

|  |  |
| --- | --- |
| Name/Phone/email of Program Director | Name/Phone/email of person responsible for finances |
| Click or tap here to enter text. | Click or tap here to enter text. |
| To whom should correspondence be emailed? | Email Address | Telephone |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Applicant Statement (required of all applicants)**:

I hereby certify that the information on this application is complete and accurate. I understand that the information provided will be subject to further verification by the City of New Haven. I agree to provide the information required to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.) upon request. I, therefore, authorize such verification, and I will provide the supporting documentation, as necessary.

**SIGNATURE:**  Date: Click or tap to enter a date.

Name (please print): Click or tap here to enter text.

Title (please print): Click or tap here to enter text.

**Supportive Documentation\***

**\*The following items are only required of new applicants or applicants who have not applied for Consolidated Plan funding through the City of New Haven for Program Year 2019-20 or Program Year 2020-21.**

New applicants must include a copy of the following:

* State of Connecticut - Certificate of Existence
* Evidence of 501(c)(3) non-profit status (*If pending, attach a copy of the application submitted)*
* Articles of Incorporation
* A list of Current Board of Directors, addresses and telephone numbers
* Current IRS Form 990, Form 990-EZ or 990-N
* Current financial statement / single audit *(must be within 6 months of the close of the agency’s fiscal year)*
* Disclosure & Certification Affidavit City of New Haven (form attached)

**STATEMENT OF ASSURANCES**

THE APPLICANT HEREBY ASSURES THE CITY OF NEW HAVEN THAT:

The applicant has the necessary authority to apply for and receive Federal funds and to execute a third party contract with the City of New Haven.

The filing of this application has been authorized by the governing body of the applicant, and the undersigned representative has been duly authorized to file this application for and on behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application.

The activities and services for which assistance is sought under this proposal will be administered by and under the supervision of the applicant.

The applicant will submit monthly and cumulative reports of project activities by the 10th of the following month if funding will be drawn down monthly. Applicant will submit quarterly and cumulative reports covering the periods ending September 30, December 31, March 31 and June 30 if funds are approved to be drawn quarterly. Applicant will submit a final project report within 20 days of project completion or termination. Applicant will also submit such other standard or requested reports to the appropriate City agency, and will maintain accurate program records and afford access thereto by the appropriate agency or agencies of the City in order to assure the correctness of or otherwise verify reports.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorized Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

**CERTIFICATION REGARDING LOBBYING**

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies to the best of his or her knowledge and belief that:

No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form III "Disclosure Form to Report Lobbying", in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements, and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352 title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**STATEMENT REGARDING DISCRIMINATION**

The applicant agrees and warrants that in the performance of an executed third party contract with the City that it will not discriminate or permit discrimination against religious creed, age, marital status, national origin, sex, mental retardation or physical disability, including, but not limited to, blindness, unless it can be shown by the applicant that such disability prevents performance of work involved in any manner prohibited by the laws of the United States or of the State of Connecticut, and the applicant further agrees to provide the Commission on Equal Opportunities with such information requested by the Commission concerning the employment as they relate to the provisions of this section.

I ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the duly authorized representative of the applicant) do hereby certify that all the facts, figures and representations made in this application are true and correct, to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**STATEMENT ASSURING COMPLIANCE WITH APPLICABLE ENVIRONMENTAL REGULATIONS**

The use of Federal funds triggers the requirement of compliance with Federal environmental regulations developed by the Department of Housing and Urban Development (HUD). These regulations, contained in 24 CFR Part 50 and Part 58 "Environmental Review Procedures for Recipients Assuming HUD Responsibilities " (available for review in City Plan Department), require compliance with the National Environmental Policy Act (NEPA), as well as several related Federal laws, regulations and Executive Orders. In order to ensure compliance with these environmental regulations the City shall require a complete description of all physical work to be undertaken, including specifications and drawings where applicable. This information is necessary to ensure that all environmental reviews and paperwork can be completed by the City in order to satisfy HUD requirements. No funds will be released or vouchers paid for physical activities unless environmental clearance has been obtained from HUD. NO construction activities may occur without formal notification from the City that the release of environmental conditions has occurred.

All physical projects must comply, where applicable, with environmental requirements, guidelines and statutory obligations in the following areas, as outlined in 24 CFR Parts 50 and 58, Historic Properties Protection; Floodplain Management and Wetland Protection; Coastal Zone Management Requirements; Sole Source Aquifer Protection; Wildlife, Endangered Species, and Wild and Scenic River Protection; Water Quality Regulations; Air Quality; Solid Waste Management Regulations; Farmland Protection; and other HUD Environmental Standards.

All work plans will be reviewed to ensure compliance with applicable environmental standards. The following sections briefly outline the statutory compliance areas which will affect most physical activities undertaken with CDBG funds.

**Historic Properties:** All properties to be rehabilitated, renovated, demolished or physically changed in any manner will be reviewed to determine if they are contained on the New Haven Historic List. If a structure is contained on the Historic List, rehabilitation or renovation activities must adhere to the National Secretary of the Interior's Standards for Rehabilitation. Any proposed activity which does not adhere to the Secretary of the Interior's Standards must be reviewed by the Connecticut State Historic Preservation Office (SHPO) prior to commencement of the activity. All requirements outlined by SHPO and, where necessary, the Advisory Council on Historic Preservation, must be met before funds can be released. These requirements also pertain to demolition activities.

**Air Quality/Asbestos Abatement:** Prior to any rehabilitation, demolition or heating and ventilation improvement activity, all areas to be disturbed must be inspected for the presence of asbestos containing materials (ACM’s). If asbestos is found in areas to be disturbed, all asbestos‑containing materials must be completely removed by a NESHAP certified asbestos removal contractor and disposed of in accordance with all local, State and Federal laws and requirements prior to the commencement of any construction or demolition work. All records documenting compliance with local, State and federal laws and regulations must be presented to the City prior to the commencement of any construction activity to obtain the release of funds. If the inspection determines that no asbestos is present in the areas to be disturbed, a signed letter stating the date of inspection and the absence of asbestos must be presented to the City.

**Lead‑Based Paint Abatement:** Prior to the rehabilitation of any residential structure or non‑dwelling facility commonly used by children under seven years, all applicable surfaces of units constructed prior to 1978 shall be inspected to determine if lead‑based paint surfaces exist. If defective lead‑based painted surfaces are present, notification and abatement, in accordance with all local, State and Federal laws and regulations must occur prior to the release of funds. If no lead‑based paint is present, a signed letter, stating the date of inspection, the name of the inspector, and the absence of lead‑based paint, must be presented to the City. The City’s Department of Health provides all inspection services for asbestos and lead in relation to funded projects.

**Other Applicable Statutory Requirements:** If a property to be rehabilitated is located within a flood zone, wetland area or coastal zone, the proposed project must be reviewed to ensure consistency with applicable local, State and Federal regulations. If the subject property is located in an airport clear zone or within an industrial/commercial area the project must be reviewed to ensure that any potential site safety hazards are addressed.

To the best of your knowledge:

**Does the proposed project area contain lead-based paint?**

[ ]  Yes [ ]  No [ ]  Unsure

**Does the proposed project area contain asbestos containing materials?**

[ ]  Yes [ ]  No [ ]  Unsure

**Is the proposed project located within a flood zone?**

[ ]  Yes [ ]  No [ ]

If so the project must comply within the public notification and environmental review standards prior to the release of funds. Flood insurance will be required on all structures located within the flood plain areas.

As the applicant, the undersigned assures the commitment to compliance with the environmental Regulations outlined by HUD.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**STATEMENT ASSURING COMPLIANCE WITH DAVIS BACON & RELATED ACTS**

STATUTORY PROVISIONS

Davis-Bacon Act and “Related Acts” apply to contracts in excess of $2,000 in which HUD funds are utilized for construction-related activities which involve the employment of laborers and/or mechanics.

Such HUD-assisted construction contracts must contain federal labor standards provisions with respect to minimum wages, fringe benefits, payments without deductions or rebates, withholding funds from contractors to ensure compliance with the wage provisions, and termination of contract or debarment for failure to adhere to the required provisions. Exceptions to the Davis-Bacon requirement include:

1. Contracts $2,000 or less;
2. Section 8 housing with fewer than nine units, or which is built or rehabilitated prior to any agreement between the Secretary of Public Housing Agency and builder or sponsor for its use:
3. Rehabilitation of residential property designed for residential use by 1-8 families; and
4. Construction of residential property designed for residential use by 1-12 families.

REGULATORY PROVISIONS

The City of New Haven has responsibility for day-to-day labor standards enforcement in administering HUD-assisted programs. Third party recipients are responsible for ensuring compliance with federal labor standards.

LABOR STANDARDS REQUIREMENTS

A construction project covered by Federal labor standards requires that the City of New Haven (with the assistance of the third-party recipient) take a series of specific actions prior to the actual start of construction. Those actions include:

1. providing a detailed scope of services to obtain an applicable wage determination for the project;
2. including the wage determination (and any modifications) in the bid documents;
3. adding any job classification needed but not listed in the wage determination;
4. including appropriate labor standards provisions and the wage determination in the construction contract;
5. holding a pre-construction conference to explain labor standards;
6. checking the prime contractor for eligibility status.

WAGE DECISIONS

All construction bid documents and contracts or similar instruments covered by Federal labor standards must contain a current and applicable federal wage decision issued by the U.S. Department of Labor.

**NOTE:** Updated project wage decisions must be requested if delays of more than 60 days occur in the bidding or contract award process.

CONTRACTOR ELIGIBILITY

Prior to awarding any contract, third party recipients must contact City of New Haven project staff to verify contractor eligibility and that contractor is not included on HUD list of debarred contractors.

PRECONSTRUCTION CONFERENCE

The City of New Haven representatives shall hold a conference with the principal contractor and all available subcontractors prior to the start of construction at which time they are advised of their responsibilities and obligations regarding the labor standards provisions and the wage determination contained in the contract documents.

CONSTRUCTION START

The City of New Haven project staff must be advised in advance of the construction start date.

WEEKLY PAYROLLS

Each contractor and subcontractor and any lower-tier subcontractor must submit (through the prime contractor) weekly payrolls for each work week from the time work is started on the project until it is completed. Weekly payrolls must be numbered sequentially, and the last payrolls marked “Final”.

**As the applicant, the undersigned assures commitment to compliance with the Davis-Bacon Act and Related Acts.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**STATEMENT ASSURING COMPLIANCE WITH HUD ACT OF 1968**

STATUTORY PROVISIONS

Section 3 of the HUD Act of 1968 applies to contracts in excess of $200,000 or where contracts to contractors are in excess of $100,000 in which any HUD funds are utilized for construction, renovation and rehabilitation activities, including lead paint, regardless of ownership. Such HUD-assisted contracts must contain Section 3 provisions with respect to employment and other economic opportunities, withholding funds from sub-recipients to ensure compliance with the Section, and termination of contract or debarment for failure to adhere to the required provisions.

REGULATORY PROVISIONS

The City of New Haven has responsibility for day-to-day enforcement in administering HUD-assisted programs. Third party recipients are responsible for ensuring compliance with Section 3.

SECTION 3 DEFINITIONS

Section 3 Residents are defined as low-income persons who live in the area in which a HUD-assisted project is located.

Section 3 Businesses are defined as those:

a. Where at least 51% ownership is by Section 3 residents: or

b. Which employ at least 30% Section 3 residents in full-time positions; or

c. Which subcontract in excess of 25% of the total dollars awarded to businesses

 that will provide economic opportunities to low income persons.

HIRING & CONTRACTING REQUIREMENTS

Training and employment and contracting opportunities generated by HUD-assisted activities covered under Section 3 must be directed toward low-income persons.

Training and employment is required, to the greatest extent feasible, at all job levels and Section 3 residents must be employed as new hires.

1. For public housing programs Section 3 requires that the aggregate number of new hires/training opportunities be 30% of the residents. Contracting preferences must be provided for Section 3 businesses, evaluating businesses on other than price alone. \*(Refer to Section 3 appendices for established guidelines).
2. 10% of the dollar amount for building trades work

3. 3% of the dollar amount for all other businesses.

\*NOTE: HUD examines employment and contract records for evidence of actions taken to train and employ Section 3 residents and to award contracts to Section 3 businesses.

**As the applicant, the undersigned assures commitment to compliance with Section 3 - HUD Act of 1968.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**POLICY STATEMENT ACCESSIBILITY TO FACILITY & SERVICES**

ORGANIZATION Click or tap here to enter text.

All entities receiving funding from the federal government must comply with Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination based on disability, requires program accessibility for persons with disabilities, accommodations for persons with disabilities and the development of a grievance procedure, self-evaluation and transition plan. Facilities may also be required to comply with the applicable accessibility standards depending on time of construction or renovations. Generally, a self-evaluation is an assessment of barriers for persons with disabilities within the applicant’s organization and a transition plan is a plan to eliminate the barriers identified in the self-evaluation.

The Americans with Disabilities Act applies to most funding recipients and also requires non-discrimination based on disabilities and various levels of accommodations. Additionally, the ADA precludes the City of New Haven from entering into a contract with any entity that discriminates based on disability.

To ensure that persons with disabilities have access to all the programs and services that benefit from federal funding the City of New Haven will require grantees to present to the City a copy of its grievance procedure, self-evaluation and transition plan prior to entering into a contract with the City. Additionally, the contract will require the grantees to agree to comply with both the applicable sections of the Rehabilitation Act of 1973 and the ADA.

Applicants and grantees may contact the Department of Services for Persons with Disabilities for technical assistance. The City will provide training to grantees on accessibility for persons with disabilities and the barrier-elimination planning process prior to entering into a contract with the City of New Haven.

Applicants may want to include in their application costs associated with compliance with the applicable accessibility requirements of the above referenced federal laws.

Please describe how the applicant provides program access for persons with disabilities:

Click or tap here to enter text.

Please describe the applicant’s accessibility for persons with physical disabilities:

Click or tap here to enter text.

Please identify the individual in the applicant’s organization responsible for insuring persons with disabilities have access to the applicant’s services:

Has the applicant provided any special training for its staff on serving persons with disabilities? Yes [ ]  No [ ]

If “Yes” when was the last training session? Click or tap here to enter text.

Does the applicant currently have a grievance procedure? Yes [ ]  No [ ]

Has the applicant already prepared an accessibility self-evaluation? Yes [ ]  No [ ]

Has the applicant already prepared a transition plan to become accessible? Yes [ ]  No [ ]

Does the applicant conduct outreach efforts for the disability community? Yes [ ]  No [ ]

If “Yes” please describe: Click or tap here to enter text.

Does the applicant track the number of persons with disabilities utilizing its programs? Yes [ ]  No [ ]

If “Yes” please describe: Click or tap here to enter text.

**FACILITIES COMPLIANCE INFORMATION**

(Complete answers separately for each building or facility from which applicant operates)

Facility: Click or tap here to enter text.

Address: Click or tap here to enter text.

Is the facility Owned [ ]  or Leased [ ]

If the leased, does your lease allow for making the facility handicapped accessible? Yes [ ]  No [ ]

Date built: Click or tap here to enter text.

Date of last renovation: Click or tap here to enter text.

If renovated, please describe the type of renovations:

Click or tap here to enter text.

Check each accessibility element already installed or in use by applicant:

Handicapped Parking [ ]

Ramps [ ]

Entrances [ ]

Door widths [ ]

Signage [ ]

Restrooms [ ]

Telephone TTY/TDD [ ]

Water Fountains [ ]

Elevators [ ]

Lowered Counters [ ]

Assisted Listening Device [ ]

Other, Please specify: Click or tap here to enter text.

* *Applicant Checklist*

|  |
| --- |
|[ ]  **Application Cover Page**  |
|[ ]  **Completed Application –** *all questions must be answered* |
|[ ]  **Supportive Documentation (All Applicants):*** Statement of Assurances
* Certification Regarding Lobbying
* Statement Regarding Discrimination
* Statement – Applicable Environmental Regulations
* Statement – Davis Bacon & Related Acts
* Statement – HUD Act of 1968
* Accessibility Policy Statement
 |
|[ ]  **Supportive Documentation (New Applicants Only):*** State Certificate of Existence
* Evidence of 501(c)(3) non-profit status
* By-laws, Articles of Incorporation
* Current Board of Directors
* Most recently filed IRS Form 990, 990-EZ of 990-N
* Current financial statement or single audit *(if applicable)*
* Disclosure & Certification Affidavit
 |

**Appendix A**

**Income Limits**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Family Size*** | ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8*** |
|  |  |  |  |  |  |  |  |  |
| **80% Low Income** | 54950 | 62800 | 70650 | 78500 | 84800 | 91100 | 97350 | 103650 |
| **60% Limits** | 43140 | 49260 | 55440 | 61560 | 66540 | 71460 | 76380 | 81300 |
| **50% Very Low Income** | 35950 | 41050 | 46200 | 51300 | 55450 | 59550 | 63650 | 67750 |
| **30% Extremely Low** | 21600 | 24650 | 27750 | 30800 | 33300 | 35750 | 38200 | 40700 |
| Effective 6/28/2019 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Effective 07/2020

**Appendix B**

**Small Business Enterprise**

City of New Haven Ordinance Article 12—1 Small Business Initiative requires that all construction contractors aggressively make every effort to obtain twenty-five (25%) percent of the City funding for MBE subcontracting.

**Appendix C**

 **Examples of Eligible Activities to Support Infectious Disease Response**

|  |
| --- |
| CDBG-CV For more information, refer to applicable sections of the Housing and Community Development Act of 1974 (for State CDBG Grantees) and CDBG regulations (for Entitlement CDBG grantees). |
| Buildings and Improvements, Including Public Facilities |
| Acquisition, construction, reconstruction, or installation of public works, facilities, and site or other improvements. See section 105(a)(2) (42 U.S.C. 5305(a)(2)); 24 CFR 570.201(c). | Construct a facility for testing, diagnosis, or treatment. |
| Rehabilitate a community facility to establish an infectious disease treatment clinic. |
| Acquire and rehabilitate, or construct, a group living facility that may be used to centralize patients undergoing treatment. |
| Rehabilitation of buildings and improvements (including interim assistance). See section 105(a)(4) (42 U.S.C. 5305(a)(4)); 24 CFR 570.201(f); 570.202(b). | Rehabilitate a commercial building or closed school building to establish an infectious disease treatment clinic, e.g., by replacing the HVAC system. |
| Acquire, and quickly rehabilitate (if necessary) a motel or hotel building to expand capacity of hospitals to accommodate isolation of patients during recovery. |
| Make interim improvements to private properties to enable an individual patient to remain quarantined on a temporary basis. |
| Assistance to Businesses, including Special Economic Development Assistance |
| Provision of assistance to private, for-profit entities, when appropriate to carry out an economic development project.See section 105(a)(17) (42 U.S.C. 5305(a)(17)); 24 CFR 570.203(b). | Provide grants or loans to support new businesses or business expansion to create jobs and manufacture medical supplies necessary to respond to infectious disease. |
| Avoid job loss caused by business closures related to social distancing by providing short-term working capital assistance to small businesses to enable retention of jobs held by low- and moderate-income persons. |
| Provision of assistance to microenterprises. See section 105(a)(22) (42 U.S.C. 5305(a)(22)); 24 CFR 570.201(o). | Provide technical assistance, grants, loans, and other financial assistance to establish, stabilize, and expand microenterprises that provide medical, food delivery, cleaning, and other services to support home health and quarantine. |
| Public Services (15 Percent Cap of the Grant has been Waived) |
| Provision of new or quantifiably increased public services. See section 105(a)(8) (42 U.S.C. 5305(a)(8)); 24 CFR 570.201(e). | Carry out job training to expand the pool of health care workers and technicians that are available to treat disease within a community. |
| Provide testing, diagnosis or other services at a fixed or mobile location. |
| Increase the capacity and availability of targeted health services for infectious disease response within existing health facilities. |
| Provide equipment, supplies, and materials necessary to carry-out a public service. |
| Deliver meals on wheels to quarantined individuals or individuals that need to maintain social distancing due to medical vulnerabilities. |

|  |
| --- |
| HOPWA-CV Activities |
| * assisting HOPWA eligible households in accessing essential services and supplies such as food, water, medications, medical care, and information
* educating assisted households on ways to reduce the risk of getting sick or spreading infectious diseases such as COVID-19 to others
* providing transportation services for eligible households, including costs for privately owned vehicle transportation when needed, to access medical care, supplies, and food or to commute to places of employment
* providing nutrition services for eligible households in the form of food banks, groceries, and meal deliveries
* providing lodging at hotels, motels, or other locations to quarantine HOPWA-eligible persons or their household members
* providing short-term rent, mortgage, and utility (STRMU) assistance payments to prevent homelessness of a tenant or mortgagor of a dwelling for a period of up to 24 months
 |
| ESG-CV Activities |
| * Rapid Rehousing\ Homeless Prevention
* Emergency Shelter Assistance\ Assistance to Unsheltered
* Basic Needs
* Support for At-Risk Populations
 |



