



City of Rochester, New Hampshire
Office of Economic & Community Development
31 Wakefield Street • Rochester, NH 03867
(603) 335-7522
www.RochesterNH.net



OVERVIEW

Remarque: Vous pouvez obtenir ce document en français gratuitement. S'il vous plaît contacter la Division du développement communautaire de la Ville de Rochester pour l'assistance.

Aviso: Puede obtener este documento en español de forma gratuita. Comuníquese con la División de Desarrollo Comunitario de la Ciudad de Rochester para obtener ayuda.

The City of Rochester is an entitlement community that receives Community Development Block Grant (CDBG) funding from the U.S. Department of Housing and Urban Development (HUD). CDBG funds may be used to carry out a wide range of community development activities directed toward revitalizing neighborhoods, economic development, and providing improved community facilities and services for lower-income residents.

Eligible Activities:

1. The proposed activity or project meets one of the following HUD National Objectives:
 - a) benefit low and moderate income persons;
 - b) activities that aid in the prevention of slums or blight; or
 - c) other community development needs to address a federally declared emergency.
2. The proposed activity or project qualifies as an “eligible activity” pursuant to HUD regulations.
3. The project or activity directly addresses one or more of the Goals and Objectives that will be adopted as part of the FY21-FY25 Consolidated Plan. See “Goal and Objectives” below.
4. Through the application, the applicant and the proposed project or activity, demonstrates capacity to comply with all HUD and CDBG related requirements
5. Public facilities projects, as demonstrated through the application process, have a high likelihood of beginning within the year and being completed within two years.
6. Seventy percent (70%) of the clientele for the proposed project or activity will qualify as “presumed benefit” or very low, low or moderate income.
7. A minimum of 51% of the clientele for the proposed project or activity will qualify as “presumed benefit” or very low, low or moderate income.

Presumed Benefit Clientele: Abused/neglected children, homeless persons, persons with /HIVAIDS, elderly persons, severely disabled adults, migrant farm workers, battered spouses/domestic violence victims, illiterate adults

Eligible Expenses: The cost of labor, supplies, and/or materials required for the provision of services to agency clientele.

Tracking of Expenses: Grant recipients must be able to specifically identify and document how the CDBG funds were expended on an eligible activity.

APPLICATION REVIEW PROCESS

This is a competitive grant program with no guarantee of funding. Once applications are submitted to the Office of Economic & Community Development, they will be reviewed to ensure that each applicant meets the minimum requirements of the CDBG program. A report of all applicants will be developed that summarizes certain key elements throughout the application to provide a more detailed comparison view. Full applications will be provided to the Rochester Community Development Committee for their review throughout January, February, and March 2023. Each member of the Committee will determine his or her level of support for each applicant based on the information provided and will make recommendations to the full City Council in February or March 2023. City Council will vote on the final grant allocations in May 2023. During this process, applicant agencies will be notified as to any opportunities to present their application in person to the Community Development Committee and/or full City Council (optional but strongly recommended).

CONSTRUCTION / FACILITIES PROJECT REQUIREMENTS

The City of Rochester's CDBG grant program is federally funded through the U.S. Department of Housing and Urban Development (HUD). As such, a number of federal laws and regulations apply to CDBG funds and CDBG grant applicants and recipients. For construction and facilities projects—projects that involve some element of physical work, as opposed to funding for salaries, equipment, etc.—the Davis-Bacon Act, environmental review regulations, and Section 3 regulations apply.

Davis-Bacon Act Requirements:

The Davis-Bacon Act requires the payment of a federal minimum wage rate to laborers. The wage rate is subdivided into specific job classifications. Current wage rate determinations can be obtained from <https://sam.gov/content/wage-determinations>. Language pertaining to Davis-Bacon requirements must be included in all subcontracts related to the project. Also, the wage rate determination and U.S. Department of Labor "Know Your Rights" poster must be posted at the project site, and weekly payroll sheets must be submitted to the City for review and approval. The Community Development Coordinator will visit the project site to conduct site interviews with the laborers during the actual performance of the project.

Please make sure that the three bids/quotes you receive for your project include Davis-Bacon wage rates, which may be higher than the contractors' usual wages.

Environmental Review Requirements:

The National Environmental Policy Act applies to all HUD-funded projects. An environmental review, which is conducted by the Community Development Coordinator, must be completed before any work on the project can begin. This includes what HUD describes as "choice-limiting activities," per 24 CFR 58.22, which include:

- Property acquisition (buying and leasing)
- Entering into contracts for project-related work
- Demolition
- Rehabilitation
- Construction

- Site improvements

Please note that a project becomes a “HUD project” upon submission of this grant application.

APPLICATION SUBMISSION INSTRUCTIONS

Intent to submit:

Please provide email notification of your intent to submit an application by October 27, 2023 to Kiersten.Wright@RochesterNH.Gov.

Application Deadline:

Applications will be accepted by email only. Applications are due by 4:00 p.m. on November 17, 2023. Please submit your complete and signed application to Kiersten Wright, Community Development Coordinator, at Kiersten.Wright@RochesterNH.Gov.

APPLICATION

APPLICANT INFORMATION	
Organization	
Name of Program or Project	
Name of Executive Director	
Mailing Address	
Physical Address	
Contact Person	Phone
E-Mail	Website
Please Identify the Type of Organization Applying for Funds <i>(Note: More than one may apply)</i> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> 501(c)(3) </div> <div style="width: 30%;"> <input type="checkbox"/> For-profit authorized under 570.201(o) </div> <div style="width: 30%;"> <input type="checkbox"/> Unit of Government </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Faith-based Organization </div> <div style="width: 30%;"> <input type="checkbox"/> Institution of Higher Education </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Other (Explain): </div>	
Tax ID #	
*UEI # (Unique Entity Identifier) (REQUIRED)	*SAM Expiration Date

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Rochester CDBG funds requested for activity/project: \$
Total amount Required to fund activity/project: \$
Total amount of leverage funds: \$
Provide a brief summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) <div style="height: 100px; border: 1px solid black;"></div>

PROJECT LOCATION

Location(s) where services will be provided or physical improvements will be made.

BENEFICIARIES
<p>Beneficiaries:</p> <p>Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.)</p> <p>For FY 2025 (7/1/2024 – 6/30/2025) please provide the <i>estimated</i> number of unduplicated Rochester beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year):</p> <p>For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Rochester beneficiaries that have benefited from this activity or program to date (not necessarily your entire client population):</p> <p>Were Rochester CDBG funds used to fund this activity or project in FY 2023 (7/1/2022 – 6/30/2023):</p> <p>If so, how much?</p>

NARRATIVE – <u>PUBLIC SERVICE ACTIVITY ONLY</u>
<p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Rochester low-moderate income individuals.</p> <p>Please indicate who prepared the overall cost estimate for the activity.</p>

NARRATIVE – <u>PUBLIC FACILITY PROJECT ONLY</u>
<p>Please provide the following information for the proposed <u>project</u> (<i>not the organization</i>):</p> <p>Describe the nature of the project:</p> <p>Describe how the project will ultimately benefit Rochester low/moderate income individuals or Rochester presumed benefit populations :</p> <p>Describe how the project addresses natural hazards such as the prevention of flooding, mitigation of winter storms, potential soil erosion, etc. (if applicable)</p> <p>Proposed project starting date:</p> <p>Proposed project completion date:</p> <p>Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):</p> <p>Note: Written estimates, <u>based upon the information provided above</u>, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.</p>

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.

DESCRIPTION OF ORGANIZATION
Please provide a description for the <u>organization or agency</u> that is undertaking the activity or project.

AUDIT AND EVALUATION
<p>Does your organization have an annual CPA audit or other financial statement?</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application.</p> <p>Is your organization evaluated by outside agencies or programs?</p> <p>If yes, please note the agency/program and how often the evaluation occurs.</p>

BOARD OF DIRECTORS	
Name	Residence (city/town)

BUDGET

Use box 1 or 2 below to provide a budget. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. <u>Public Services</u> (Non-Construction Projects)			
	A	B	A + B
	Rochester CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:			

2. <u>Public Facilities</u> : (Project)			
	A	B	A + B
	Rochester CDBG Funds Requested	Other Funding	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
<i>TOTAL PROPOSED BUDGET:</i>			

FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed for this project, if any. *Do not include Rochester CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):	Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:		
State:	Committed: Pending: Proposed:		
Local:	Committed: Pending: Proposed:		
Private:	Committed: Pending: Proposed:		
Portsmouth CDBG:	Committed: Pending: Proposed:		
Dover CDBG:	Committed: Pending: Proposed:		
Other:	Committed: Pending: Proposed:		
Total:	Committed: Pending: Proposed:		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)		Explanation
	Committed:		
	Pending:		
	Proposed:		
Total:			

AGENCY BUDGET

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from	to	Current Year	Next Year (projected)
REVENUES			
Federal Funds			
State Funds			
Foundations/Private Contributions			
United Way			
Fundraising or other income			
Other (describe)			
Community Dev. Block Grant (include anticipated request)			
TOTAL REVENUE			
EXPENSES			
Salaries			
Fringe Benefits			
Supplies (include printing/copying)			
Travel			
Training			
Communications			
Audit			
Property Maintenance			
Service Contracts			
Construction Supplies/Materials			
Other (describe)			
TOTAL EXPENSES			

NET (Income - Expenses)		
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SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
Total Expenditure of Federal Awards				\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name}				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name}				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name}				
Total NH Dept. of	[Agency Name]			\$	\$
Local Assistance:	[Agency Name]			\$	\$
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$	\$
Total State and Local Awards				\$	\$
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$	\$

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

I FURTHER CERTIFY THAT NO CONTRACTS WILL BE AWARDED, FUNDS COMMITTED (INCLUDING PURCHASE OR LEASE AGREEMENTS), OR CONSTRUCTION BEGUN ON THE PROPOSED PROJECT PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE CITY OF ROCHESTER.

I FURTHER CERTIFY THAT ADMINISTRATION OF ANY GRANT MONIES RECEIVED SHALL BE ADMINISTERED IN COMPLIANCE WITH ALL U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT REGULATIONS, THE ANTI-DISPLACEMENT POLICY OF THE CITY OF ROCHESTER, AND THE UNIFORM RELOCATION ASSISTANCE AND REAL PROPERTY ACQUISITION POLICIES ACT OF 1970 AND ITS AMENDMENTS.

PRINTED NAME:
PRINTED TITLE:

DATE