**OVERVIEW**

***Remarque: Une interprétation orale de ce document est disponible gratuitement, sur demande. S'il vous plaît communiquer avec le coordonnateur développement communautaire Julian Long à*** [***julian.long@rochesternh.net***](mailto:julian.long@rochesternh.net)***.***

The Community Development Block Grant Entitlement Communities Grant Program (CDBG) provides annual grants on a formula basis to entitled cities and counties to develop viable communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low and moderate income persons. The program is authorized under Title 1 of The Housing and Community Development Act of 1974, Public Law 93-383, as amended; 42 USC 5301. Program regulations are at 24 CFR 570.200.

Each grant award is subject to the final award from the Department of Housing and Urban Development (HUD), followed by the execution of a final agreement between the City and the applicant. No expenditures of funds can occur until an agreement/contract has been signed. Projects involving construction are subject to environmental review and Davis-Bacon federal wage rates. (More information on these requirements is included below.)

The FY 18-19 grant amounts have not been released from HUD so the City will consider using an estimate of a 15% decrease from the FY 17-18 funding level, bringing the estimated grant amount to $226,070 (with a 15% or $33,910.50 cap for non-construction public services). Updates will be provided as decisions are made on how to determine the best estimate. Final allocations will be adjusted once HUD provides the final grant award.

Eligible Agencies:

* Agency must have a 501(c)(3) tax exemption status
* Must be, or be willing to become, registered on www.SAM.gov
* Agency must meet one of HUD’s National Objectives and one of HUD’s Outcome Measures
* Agency must meet a priority need as defined in the 2015-2020 Consolidated Plan for Rochester
* Agency must serve low-moderate income clientele *(51% of their clients must earn very low, low, or moderate incomes)* or clients classified by HUD as “presumed low-moderate income” (e.g., homeless clients, neglected or abused children, clients with severe disabilities, clients with HIV/AIDS)
* Agency must be able to document service to clients in Rochester
* Agency must have the ability and willingness to collect required reporting statistics

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

Project Beneficiaries: 51% of the individuals and/or families assisted by the program must earn very low, low, or moderate incomes.

**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 listed above under **Eligible Agencies.** 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 as well as the **Summary of Key Elements** will be provided to the Community Development Committee for their review throughout January, February, and March 2018. 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 2018. During this process, applicant agencies will be notified as to any opportunities to present their application to the Community Development Committee and/or full City Council (optional but strongly recommended).

Summary of Key Elements:

* Agency experience providing the programming for which funding is being requested
* Amount of funding request
* Leveraging from other funding sources
* Percent of the total budget requested from Rochester funds
* Prior year funding requests
* Cost ratio
* How funds will be invested
* Level of impact that the services provided will have on City Welfare
* Rochester residents served (total)
* Rochester residents served (low/moderate income)
* Performance measures in place or a plan to develop in the next year
* Unique services provided
* How services would be provided without Rochester CDBG funds
* Results of most recent financial review
* Results of most recent evaluation(s), if applicable
* *For current CDBG grantees:* Whether agency is up to date with reporting
* *For current CDBG grantees:* Rochester residents served for FY 17-18

**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 and Related 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 <http://www.wdol.gov/dba.aspx>. 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 contractor’s 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.

Section 3 Requirements:

Section 3 of the Housing and Urban Development Act (“Section 3”), located at 12 U.S.C. 1701u, encourages that economic opportunities generated by HUD assistance shall to the greatest extent possible be directed to low- and very low-income persons, particularly such persons who are residents of public housing. Regulations regarding these requirements can be found at 24 CFR 135.

Please be aware that, if a CDBG grant is awarded, the City of Rochester’s contract with your agency will include the requirement that contracting preference be given to Section 3 businesses. This provision will also be required to be included in all subcontracts related to the project, as well. More information on the City of Rochester’s Section 3 compliance initiatives can be found online at <http://www.rochesternh.net/community-development-division/pages/section-3>.

**APPLICATION SUBMISSION INSTRUCTIONS**

**Intent to submit:**

Please provide email notification of your intent to submit an application by **October 20th, 2017 at 3 p.m.** to [julian.long@rochesternh.net](mailto:julian.long@rochesternh.net).

###### Application Deadline:

###### Applications will only be accepted by email. Applications are due by 3:00 p.m. on December 8, 2017. Please submit your complete and signed application to Julian Long, Community Development Coordinator, at julian.long@rochesternh.net.

**Please direct all inquiries to:**

Julian Long  
Community Development Coordinator and Grants Manager

[julian.long@rochesternh.net](mailto:julian.long@rochesternh.net)

603-335-7519

**Program Cover Sheet**

**Original Copy**

**Organization Name**:

**Tax ID #**:

**DUNS #**:

*If you are applying for CDBG Funds and do not have a DUNS #, you will need to obtain one at http://fedgov.dnb.com/webform.*

**Program Name**:

**Contact Person**:

**Email:**

**Mailing Address**:

**City, State, ZIP Code**:

**Physical Address of Program** *(if different from mailing address or if for a facility/construction project):*

**City, State, ZIP Code**:

**Phone**:

**Fax**:

**Website**:

**Agency’s fiscal year:**  Jul. 1-Jun. 30 Jan. 1- Dec. 31 Oct. 1-Sept. 30 Other:

**Agencies applying for CDBG Funds must meet a HUD Objective and HUD Outcome to qualify for funding:**

HUD National Objectives (Select Only 1)

**To Provide Decent Housing:** This objective focuses on housing programs where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.

**To Provide a Suitable Living Environment:** This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment such as social issues related to crime prevention, literacy, or elderly health services.

**To Expand Economic Opportunities:** This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

**My Program Does not Meet Any of these Objectives**

HUD Outcomes (Select Only 1)

**Availability/Accessibility:** This category applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/moderate income people, including persons with disabilities and senior citizens. In this category, accessibility does not only refer to physical barriers but also to making the affordable basics of daily living available and accessible to low/moderate income people where they live.

**Affordability:** This category applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

**Sustainability:** This category applies to activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income, or by removing or eliminating slums/blighted areas, through multiple activities or services that sustain communities or neighborhoods.

**My Program Does not Meet Any of these Outcomes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For Community Development Office Use:** | | |  | |  |
| **Priority Need** | | Basic Needs | Safety Net | | Investment |
|  | | |  | |  |
| **City Welfare Impact Level** | | | | | |
| ***Category A*** | Direct | Indirect | ***Category B*** | Immediate | Future |
|  | | | | | |
| **For Current CDBG Grantees: Is reporting up to date?** | | | | Yes | No |

**Section A - Organizational Capacity and Experience**

**1) Agency Overview**

* Please describe the agency’s history, mission, number of years in operation, and services provided.

* Please describe any federal grant management experience.

* If funding is for a specific program, please provide the name of the program and a brief description.

* Provide a description of how requested funds will be invested. *For example, are you requesting funds for overall operating expenses, rent for a classroom for one year, or funding for a specific program or project? If staff positions will be funded by CDBG funding, list the position title and the full time equivalent amount paid by CDBG funds (e.g., CDBG will fund a Case Manager at 0.5 FTE and an Employment Specialist at 1.0 FTE).*

* Provide a description of how your proposed project or activity will help reduce poverty of low-income Rochester residents over the long term.

**Section B – Program Costs and Funding**

**1) Program Costs and Leveraging**

* Rochester CDBG grant request for FY 18-19 $
* Total program budget for FY 17-18 $
* *Amount* of leveraged funds committed $
* *Percentage* of leveraged funds committed      %
* *Percentage* of CDBG funds toward total program cost \*      %

*\* Rochester Grant Request for FY 18-19/Total Program Budget x 100*

* Indicate from what sources other funding will be leveraged. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2) Prior Funding Requests and Awards *(if applicable)***

* If applicable, when was the last request made to Rochester for CDBG funds? \_\_\_\_\_
* Amount of last **request** made to Rochester for CDBG funds? \_\_\_\_\_\_ $
* Amount of funds last **received** from Rochester CDBG funds? $
* If applicable, please describe how Rochester CDBG funds have been invested by the agency in prior years. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Describe any changes in programming needs over the last year and how this affects the amount of funds your agency is requesting. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C – Individuals Served**

See Income Guidelines in Table A for very low, low, and moderate income limits.   
*Note: Fiscal Year 17-18 (July 1, 2017-June 30, 2018); Fiscal Year 18-19 (July 1, 2018-June 30, 2019)*

***Note:*** *Please use “unduplicated” clients*

**1) For applicants that received Rochester funding for this year (FY 2017-2018)**

* How many Rochester residents were projected to be served?
* How many Rochester residents have been served YTD?
* If the agency is not on track with meeting the projected goal, please explain the reason:

**2) Individuals Served in FY 2017-2018**

*All Individuals*

* Total # of all individuals served (including non-Rochester residents) in the last 12 months \_\_\_

*Rochester Residents*

* Total # of Rochester residents served in the last 12 months \_\_\_\_
* Total % of Rochester residents served in the last 12 months \* \_\_\_\_
* Total # of low/moderate income Rochester residents served in the last 12 months \_\_\_\_\_\_
* Total % of low/moderate income Rochester residents served in the last 12 months \*\* \_\_\_\_\_\_

*\* Total # Rochester residents served/Total # of All Individuals served x 100*

*\*\* Total # of low-mod Rochester residents served/Total # of Rochester residents served x 100*

**3) Projection for FY 2018-2019**

* Total # of Rochester residents projected to be served in FY 17-18? \_\_\_\_\_\_
* Total # of low/moderate income Rochester residents to be served in FY 17-18? \_\_\_\_
* If the projection is significantly different than that for prior year(s), please explain:

**4) Record Keeping and Conflicts of Interest**

* Do you currently collect statistics regarding the race, ethnicity, income level, household size, and gender of your clients’ head of household?  Yes  No
* If not, do you foresee a problem in collecting these statistics?  Yes  No
* Do you currently have a conflict of interest policy regarding provision of services?  Yes  No
* If not, do you foresee a problem in implementing such a policy?  Yes  No

**Section D– Provision of Services**

If funding is being requested for a specific program, please answer the questions below regarding the program for which the funding is being requested. If funding is for expenses related to the overall agency operations, please answer regarding the agency.

1. **Describe the services available to clients through the agency.**

1. **How is a client’s eligibility determined?**

1. **What has the agency done to eliminate barriers to services?**

1. **What is the estimate of unmet needs/requests for services (*e.g.,* agency receives double the amount of screenings a year than beds available)**?

1. **If applicable, please describe any unique services provided by the agency that cannot be duplicated by any other local agency.**

1. **Where would clients access similar services if this agency wasn’t providing the proposed programming?**

1. **Why are CDBG funds necessary for the operation of this program, and what would happen if the funding request is not approved?**

1. **Describe collaborations with other agencies to provide services. Please indicate the name of the agency and specifically how you collaborate with them (*e.g*., specific projects or services).**

1. **If the project or activity is limited to a specific physical/geographical region, please describe the physical/geographical boundaries of the proposed project or activity. Please include a map and describe how the boundaries of this region were determined, including any relevant documentation. (This determination will be independently evaluated by CDBG program staff based on census tract data, the nature of the activity, the location of the activity, accessibility of the activity, and the availability of comparable activities or services.)**

**Section E– Goals, Outcomes, and Objectives**

:

**1) Performance Measurement**

* Does your organization currently use performance measures to determine the impact of your programming on the population served?  Yes  No
* If your organization does not currently use performance measures, is there a plan for developing such a method in the next fiscal year?  Yes  No

**Section F– Monitoring and Evaluation**

**1) Financial Review**

* What type of financial review does your agency undergo on an annual basis?

* Provide the date of the last financial review.

* Provide a brief summary of the findings of the last financial review.

**2) Other Reviews:**

* Is your agency evaluated by other outside organizations?  Yes  No
* If yes, what organization evaluates your agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What is evaluated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How often are you evaluated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provide the date(s) of last evaluation(s) completed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provide a brief summary of the findings from your most recent evaluation(s).

**Section G – Attachments**

**Attachment A:** ***Budget for agency and for program (if requesting funds for a specific program).*** Please be sure to identify your major federal, state, and local funding sources by name.

**Attachment B:** ***List of all members of the Board of Directors (or the organization’s Advisory Council).***

**Attachment C:** ***Organizational chart.*** This chart should present the agency’s administrative framework and indicate how the program fits into the organizational structure.

**Attachment D:** ***Documentation of 501(c)(3) status.*** Please attach a copy of the IRS determination letter of 501(c)(3) status.

**Attachment E:** ***Federal Funding Accountability and Transparency Act (FFATA) Checklist.*** (If not applicable, that must be indicated on the form itself and submitted). The form has been provided in this application packet and must be signed.

**Attachment F: *Most recent audit.*** A copy of the agency’s most recent audited financial statement.

**Attachment G:** ***Performance measurement system.*** A description of the performance measurement system for the program for which funding is requested (including examples of measures used) or a description of a plan for how a performance measurement system will be developed in the coming year.

**Attachment H: *For construction/facilities projects only****:* Include separate attachments outlining the scope of the proposed project, the timeline from inception to completion, and (1) for projects under $10,000, cost estimates from three vendors, or (2) for projects over $10,000, a sealed bid summary. (If you are unable to provide a bid summary for projects over $10,000, please supply cost estimates from three vendors. If you are awarded a grant, the project will need to go through a sealed bid process prior to selection of contractors and commencement of work.)

**Section H – Certification**

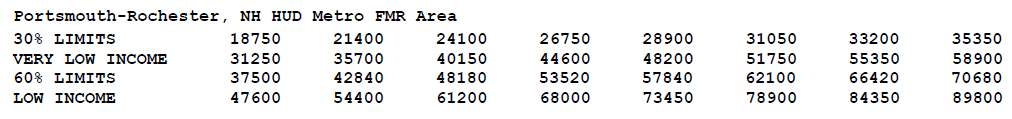
**I certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts.**

**I further certify that no contracts will be awarded, funds committed (including purchase or lease agreements), or construction begun on the proposed program 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.**

|  |  |
| --- | --- |
|  |  |
| **Signature of Authorized Person** | **Date** |
|  |  |
| **Printed name** | **Title** |

**Table A**: Client Reporting Income Limits for Rochester for 2017-2018  
*(source: U.S. Department of Housing and Urban Development)*FY 2018-2019 income limits will differ from the below chart. The income chart below is provided for information and reference. If a grant is awarded, the FY 2018-2019 income limits will apply to your grant.

**FY 2017-2018 Income Limits**



**Note:** CDBG defines 30% of the area median income (first row) as “extremely low income,” 50% of area median income (second row) as “low income,” and 80% of area median income (forth row) as “moderate” income. The first column is for a single-person household, the second column is for a two-person household, etc.

**ATTACHMENT E**

**FFATA Checklist (contracts $25,000 and over)**

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Rochester’s CDBG program requires all agencies that meet the following thresholds to report when the agencies:

* had a gross income, from all sources, over $300,000 in the agency’s previous tax year, **and**
* have been awarded $25,000 and over.

**Please check box and return form if your agency does not meet the above thresholds.**

|  |  |
| --- | --- |
| **To Be Filled Out By Rochester CDBG Staff** | |
| **Award title descriptive of the funding action** |  |
| **CFDA program number for grant** | 14.218 |
| **Program source** | CDBG |
| **Amount of award** |  |
| **To Be Filled Out By Agency** | |
| **Name of agency receiving award** |  |
| **Address of the entity including:** |  |
| **Place of performance including:** |  |
| **Congressional district** |  |
| **Total compensation and names of top five executives\*** | **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **DUNS number** |  |
| **Central Contractors Registration (CCR) number\*\*** |  |

**\*Must give total compensation and names of top five executives if:**

(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than $25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. \*\*Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

**How do you get a DUNS number?**

The unique identifier used in reporting to FFATA is the entity’s Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number.

DUNS numbers may be requested via the web at: <http://fedgov.dnb.com/webform>

**\*\*What is a CCR and how do you register?**

CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.

The link to information needed to register and become familiar with CCR is provided below.

Registration information: <http://www.ccr.gov/startregistration.aspx>

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Authorized Person Date**