



# City of Warwick Office of Housing & Community Development

Warwick City Hall

3275 Post Road, Warwick, RI 02886

401-921-9689 (phone)

401-732-9522 (fax)

## SECTION I

### CDBG PAYMENT REQUEST FORM

☐ Q1

☐ Q2

☐ Q3

☐ Q4 Year End

The City of Warwick's CDBG Program Year begins July 1. Reporting Data is submitted on a quarterly basis by 10/30, 1/31, 4/30 and 7/31.

AGENCY NAME

PROJECT

CONTACT PERSON

TOTAL GRANT \$

CURRENT REQUEST \$

Program Budget	Approved Budget	Costs Incurred This Pay Period	Total of Previous Expenses	Balance Remaining
<b>I. Personnel Serv.</b>				
a. Salary & Wages				
b. Fringe Benefits				
<b>Subtotal</b>				
<b>II. Non-Personnel</b>				
a. Office Supplies				
b. Telephone				
c. Travel				
d. Rent				
e. Other				
f. Other				
<b>Subtotal</b>				
<b>III. Capital Expenses</b>				
a. Specify				
b. Specify				
<b>Total</b>				

I certify that the above budget and cost information is true and accurate. Supporting documentation and eligibility determinations of the clients served are available for review at the Agency cited above.

Signature of Agency Executive Director or Authorized Official

Date

I have reviewed this payment request and find it to be in conformance with the contract between the Agency and the City of Warwick. I hereby authorize payment for reimbursement of the cost incurred.

Kevin Sullivan, Community Development Coordinator

Date



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## SECTION II

### CDBG Quarterly Statistics Data Report

☐ Q1

☐ Q2

☐ Q3

☐ Q4 Year End

The City of Warwick's CDBG Program Year begins July 1. Reporting Data is submitted on a quarterly basis by 10/30, 1/31, 4/30 and 7/31.

AGENCY NAME  PROJECT

CONTACT PERSON  REPORT DATE

PHONE  EMAIL

PERSONS/HOUSEHOLDS: Public Service Projects must report # of clients served. Projects which provide or improve residential housing structures must report # of households served.

Please check one:

☒ Individuals

☐ Households

#### 1. CLIENT DATA

PROPOSED

ANNUAL GOAL  
LOW/MOD CLIENTS ONLY

PROPOSED  
ANNUAL GOAL  
NON LOW/MOD

TOTAL ALL  
PROPOSED CLIENTS

#### A. Total NEW clients served by this project during this report period

ACTUALS

Q1

NEW  
CLIENTS

Q2

NEW  
CLIENTS

Q3

NEW  
CLIENTS

Q4

NEW  
CLIENTS

YEAR END

ACTUAL  
SERVED

**B. Racial and Ethnic Data for NEW clients served.** Please note that Hispanic is considered an ethnicity category rather than a race category. You are required to provide Race/Ethnicity information for all new clients your program is reporting on. If the client will not provide this information the program is required to guess their Race/Ethnicity.

	Q1		Q2		Q3		Q4	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
White								
Black/African American								
Asian								
American Indian/Alaskan Native								
Native American/Other Pacific Islander								
American Indian/Alaskan Native & White								
Asian & White								
Black/African American & White								
American Indian/Alaskan Native & Black/African American								
Other Multi Racial								
TOTALS								

**C. Income data for NEW clients served by this project during this reporting period. Count each new client one time only regardless of the number of times that services were provided to the person.**

\*\*See income guidelines below

	Q1	Q2	Q3	Q4
Extremely Low 0%-30% MFI				
Low 0% - 50% MFI				
Low/Mod 0% - 80% MFI				
<b>Low/Mod TOTALS</b>				
Non Low/Mod				
<b>All Totals</b>				

**Income Guidelines (Eff. 4/14/17)**

Family Size	Extremely Low 0%-30% MFI	Low 0% - 50% MFI	Low/Mod 0% - 80% MFI	Not Low/Mod
1	0-15,200	0-25,250	0-40,400	40,400 +
2	0-17,350	0-28,850	0-46,200	46,200+
3	0-20,420	0-32,450	0-51,950	51,950+
4	0-24,600	0-36,050	0-57,700	57,700+
5	0-28,780	0-38,950	0-62,350	62,350+
6	0-32,960	0-41,850	0-66,950	66,950+
7	0-37,140	0-44,750	0-71,550	71,550+
8	0-41,320	0-47,600	0-76,200	76,200+

**D. OTHER DATA for NEW Clients served during this reporting period. Count each NEW client one time.**

	Q1	Q2	Q3	Q4
Female Head of Household	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age 62+ Over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**E. Other Sources of Funding**

	Q1	Q2	Q3	Q4
Other Federal Funds Leveraged	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
State Funds Leveraged	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Local Funds Leveraged	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Private Funds Leveraged	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**F. HUD Performance Indicator Data**

Of the NEW clients served during this reporting period, enter the # that :

**PUBLIC SERVICE**

	Q1	Q2	Q3	Q4
Now have new access to this service/benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Now have new improved access to this Service/benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Now receive a service/benefit that is no Longer substandard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PUBLIC FACILITY IMPROVEMENTS**

	Q1	Q2	Q3	Q4
Now have new access to this public facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Now have new improved access to this Public facility	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are served by this public facility that is No longer substandard	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**New Access** to a service is when a service is offered for the first time. This indicator would be used in the instance when a public service has not previously been available to these households. For instance, the grantee might elect to fund a new job (i.e. transportation program for working mothers). No such program currently exists in the jurisdiction and so this is access to a new service for these households.

**Improved Access** to a service is when a service was offered, but the public service activity allowed the grantee to expand the service, in terms of size, capacity or location (i.e. an existing meals on wheels program only provided lunch and the expanded service provides lunch and dinner service) For these households this would constitute improved service. If a grantee is re-funding an ongoing program, the improved access indicator is generally used.

Where the public service activity was used to meet a quality or measurably improved quality, report on the number of persons that no longer only have access to a **Substandard Service**.

## 2. PROGRAM NARRATIVE

1. Discuss progress in meeting your goals and objectives during the reporting period including a comparison of proposed goals versus actual accomplishments. (See part 1 – Client data Section A. for proposed vs. actual data)

2. Problems and resolutions. Discuss any challenges encountered by policy or program operations and describe action taken to meet or resolve them during the reporting period.

## DOCUMENTATION CHECKLIST

## CDBG PAYMENT REQUEST

## DOCUMENTATION REQUIRED FOR REIMBURSEMENT

- DO NOT SEND ORIGINAL DOCUMENTS. Please send copies and keep originals for auditing purposes.
- Only items on your approved budget will be considered for reimbursement.

## COSTS INCURRED

## REQUIRED DOCUMENTATION

☐ Salaries/Fringe Benefits (Personnel Expenses)

Payroll Detail registers by each position for which reimbursement is being requested AND Timesheets for each position for which reimbursement is being requested. Timesheets must meet the following requirements:

- Must reflect an after-the-fact distribution of the actual activity of each employee,
- Must account for the total activity for which each employee is compensated,
- Must be prepared at least monthly and must coincide with one or more pay periods, and
- Must be signed by the employee and the employee's supervisor

Also include: copies of checks to support payment was made for salaries and to support payment was made for fringe (i.e. health insurance provider)

☐ Office Supplies/Equipment/Printing

## Vendor Invoices &amp; Receipts

**Please Note:** While not required for submittal with the pay request, the sub recipient must have a written procurement policy that meets the minimum standards of 24 CFR Part 84.41 through 84.48.

☐ Rent/Lease

A copy of lease agreement should be submitted with 1<sup>st</sup> Invoice

**Please Note:** Rental costs under leases are allowable only up to the amount that is considered reasonable given The rental costs of comparable property.

☐ Mortgage

A copy of the monthly mortgage statement  
Copies of cancelled check to support payment was made

☐ Utility/Phone

Monthly invoices/statements including summary pages with detailed expenses  
Copies of cancelled checks to support payment was made

☐ Consultants or Professional Services

Copy of third-party contract, if any

☐ Travel and Mileage

Copy of internal expense voucher signed by employee claiming reimbursement and by the supervisor. At a minimum, the voucher shall include the origin and destination of the trip, the date and time of the trip, and the purpose of the trip. Statement should include current mileage rate the agency is using for the use of personal vehicles.

**ANNUAL NARRATIVE (FOR YEAR END ONLY)****INSTRUCTIONS**

- Narrative must be typed and single-spaced
- Include your name and project name on the first page
- Answer all the questions in the order listed
- Use headings as provided
- Submit one hard copy
- Report should not be more than 3 pages long

**A. Outcomes**

1. List the original outcome(s) of the grant, and describe the extent to which they were achieved during the reporting period.
2. Please interpret the outcome information provided above. In other words, why do you believe your program /project has been successful in achieving its outcomes (e.g. exceptional staff, good curriculum, etc.)? Or, if your program/project was not as successful as you had hoped, why were you not able to achieve the desired outcomes (e.g. high unemployment, heavy staff turnover, etc.)?
3. Please describe any unanticipated benefits or challenges encountered for this program/project during this reporting period.
4. Describe how collaborative/cooperative efforts affected outcomes. (How did the partnerships with other individuals and organizations impact the planning, implementing, funding and/or evaluation of this program/project)?

**B. Lessons Learned**

1. Variances from original program/project plans often occurs. In what ways has the actual program/project varied (in terms of implementation, activities, etc.) from your initial proposal? Describe how and why.
2. What do you consider the most important "Lessons learned" from this program/project?
3. Based upon your answer to Section A, Question #2, what changes do you plan to make in the program/project to ensure greater success in the future? (If the program/project is complete, what changes would you make if you had to do it over again?)
4. What recommendations would you make to other project directors working in this area or to the City?

**C. Future Plans**

1. What is your vision of this program/project over the next three years? Include plans and rationale for ongoing funding, expansion, replication or termination.

**D. Public Relations**

1. Provide a "human interest story" that helps explain the success (outcomes) of the program/project.
2. Attach any printed material relating to the funded program/project such as press or news items, brochures, photographs, etc.

**E. Feedback (Optional)**

1. Note any suggestions, criticisms, difficulties regarding City requirements, communications, etc..