

City of Warwick, Rhode Island



Mayor Frank J. Picozzi

**COMMUNITY DEVELOPMENT
BLOCK GRANT COVID-19
(CDBG-CV)**

APPLICATION PACKET

Program Year 2023
July 1, 2023 - June 30, 2024

Deadline: 3:00 p.m. January 13, 2023

Office of Housing & Community Development
3275 Post Road
Warwick, RI 02886
401-738-2009, option #2
william.r.facente@warwickri.com

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG-CV) CORONAVIRUS RESPONSE APPLICATION



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I. APPLICATION INSTRUCTIONS

A. INTRODUCTION

In response to Coronavirus (“COVID-19”) Pandemic, the U.S. Department of Housing and Urban Development Community Development Block Grant program has awarded The City of Warwick a formula allocation from the first round of CDBG-CV funding to be used specifically for the prevention of, preparation for, and response to COVID-19. This allocation was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136, which was signed on March 27, 2020.

The City of Warwick is accepting applications from qualifying organizations able to serve the entire City in the prevention of, preparation for, and response to COVID-19. All applications serving the City of Warwick that meet a National Objective, Eligible Activity, **AND** prevent, prepare for, or respond to the Coronavirus will be reviewed. The City is focusing on the following categories:

- Food Assistance Programs
- Childcare Programs
- Youth After school/Summer programs
- Senior Programs
- Legal Services
- Rental/Utility Assistance
- Non-homeless Special Needs
- Adaptation/modification of facilities to support healthier environments.

B. AVAILABLE FUNDING

A total of \$116,000 of CDBG-CV funds is available to qualifying projects within the City through this supplemental round of applications. The following amount only applies to this supplemental round. Any additional CDBG-CV funds will be distributed on a City wide and/or needs basis.

C. FEDERAL HUD REGULATIONS

1. NATIONAL OBJECTIVES: To be considered for CDBG-CV funding a program or project must first meet the following National Objective:

a. Benefit to Low to Moderate Income (LMI) Persons

To qualify for funding under the LMI category, the persons or households served must have income levels at or below 80% of the *area median income* (AMI) as set forth in the charts below. HUD requires stratified income data on beneficiaries. You will need to report which category beneficiaries fall into below 80% of AMI, 50% of AMI or 30% of AMI.

2021-2022 HUD Low to Moderate Income Guidelines for the City of Warwick

	1	2	3	4	5	6	7	8
	PERSON	PERSON	PERSON	PERSON	PERSON	PERSON	PERSON	PERSON
Moderate Income (80% of Median)	\$54,150	\$61,900	\$69,650	\$77,350	\$83,550	\$89,750	\$95,950	\$102,150
Low Income (50% of Median)	\$33,850	\$38,700	\$43,550	\$48,350	\$52,250	\$56,100	\$66,000	\$63,850
Extremely Low (<30% of Median)	\$20,300	\$23,200	\$26,100	\$29,000	\$32,470	\$37,190	\$41,910	\$46,630

New income guidelines are effective June 2022. All CDBG recipients will be required to update any forms used to collect beneficiary information whenever new income guidelines are made available.

2. LIST OF ELIGIBLE ACTIVITIES: In addition to meeting a National Objective, each project must be an Eligible CDBG-CV Activity including but not limited to:

- a. **Food Assistance Program** – Financial assistance to food banks, meal delivery programs, and other food assistance programs that are serving LMI clients in need of these service because of COVID-19.
- b. **Childcare Programs** – Financial assistance, paid directly to childcare providers for LMI families who have been financially impacted by COVID-19.
- c. **Youth After School/Summer Programs** – After school/summer programs impacted by COVID-19.
- d. **Senior Programs** – Organizations that offer programs to seniors affected by COVID-19.
- e. **Legal Services** – Organizations that offer legal services for those affected by COVID-19
- f. **Rental/Utility Assistance-** Financial assistance to help individuals and families with rent and utility assistance (including water utility) affected by COVID-19.
- g. **Non-homeless Special Needs-** Organizations that off programs to support those needing health (including mental health) services, services for persons with disabilities, services for victims of domestic violence, dating violence, and sexual assault affected by COVID-19.

3. LIST OF INELIGIBLE CDBG-CV ACTIVITIES

- a. Any activity that is not directly related to the prevention of, preparation for, or response to COVID-19
- b. Reimbursement for expenses that have already be accrued.
- c. Income payments paid directly to client.
- d. **Supplanting or substituting expenses currently paid for by other sources.**
- e. Political activities and lobbying.
- f. Purchase of equipment, specifically for construction but also including fire protection equipment, furnishings and personal properties.
- g. Operating and maintenance expenses.

4. CITY OF WARWICK'S CDBG-CV GOALS AND PRIORITIES

- a. Provide a cohesive approach that supports the needs of those impacted by the ongoing Coronavirus Pandemic.
- b. Coordinate with the State of Rhode Island, and non-profit organizations to ensure basic needs services are available to the City's most vulnerable populations.
- c. Coordinate with non-profit organizations to ensure CDBG-CV funds are working in alignment with and not duplicating other funding sources.

D. APPLICATION GUIDELINES

1. **CDBG-CV Application:** Provide an eligible CDBG-CV program that serves low to moderate-income residents or businesses in the City. Please complete and submit the CDBG-CV Application, the Application Budget Form, plus relevant attachments.

2. **SUBMISSION GUIDELINES**

All applications must follow the formatting described below or be subject to penalty points:

- a. Separate applications for each program requesting funds shall be submitted;
- b. Applications must be typewritten;
- c. White 8 ½ x 11" paper; with 1" margins;
- d. Text must be Times New Roman 12pt for the narrative, single spaced with double spacing between paragraph, the Summary and Worksheet may use Times New Roman 11 pt;
- e. All sections and narrative questions must be labeled, page numbering is encouraged;
- f. Maps and larger sections must be shrunk to fit onto an 8 ½ x 11" paper;
- g. The check list provided must be completed and submitted with the application;
- h. Page limits listed on the check list must be followed.

- i. Required and supporting documents shall be labeled and placed in an appendix. Extraneous information will not be considered;
- j. Required documents must be attached:
Non-profit applications: verification of 501(c)3 status; agency organizational chart; most recent agency operating budget; most recent audit or if not available the most recent 990 financial statement.
 - i. Project Timeline: describes when the program will occur with specific dates and times
- k. The full application with signatures must be saved as a single PDF and submitted via email to william.r.facente@warwickri.com, You will receive a confirmation email.
- l. All applications shall be complete, approved, and signed by the Board of Directors, the Executive Director authorized by the Board.

E. DEADLINES

1. **SUBMISSION DEADLINES** The complete version (electronic PDF) of the application must arrive by the deadline.

DEADLINE: 3:00 p.m. January 13, 2023

Applications must be submitted electronically to: william.r.facente@warwickri.com

NO LATE APPLICATIONS OR SECTIONS WILL BE ACCEPTED.

F. REVIEW PROCESS

1. **REVIEW PROCESS**

The Office of Housing & Community Development (“Office”) will review all applications with regards to content and compliance. The Office will prepare a list of the applications which will be given to the Mayor for approval.

G. RESERVATION OF RIGHTS

City of Warwick reserves the right, at its sole discretion, to award all, a portion, or none of the available CDBG-CV funding, and may reject any and all proposals based on the quality and/or merits of the proposals, or when it is determined to be in the public interest to do so. Furthermore, the City may extend deadlines and timeframes, as needed.

City reserves the right to substantiate any applicant’s qualifications, financial information, capability to perform, availability, past CDBG performance.

City reserves the right to waive any informalities in proposals, to accept any proposal or portion thereof, and, to reject any and all proposals, should it be in the best interest of the City to do so.

H. POST AWARD AND SUB-RECIPIENT CRITERIA

All awards are subject to the City's receipt of its CDBG-CV appropriation from the U.S. Department of Housing and Urban Development. All awards are subject to pre-contract negotiations with the recipient and receipt of all federal required policies and procedural documents.

The City is committed to monitoring the performance of grant recipients to ensure that Federal funds are used appropriately and in a manner to maximize low and moderate income public benefit. Grant recipients include, divisions, social service agencies, non-profit organizations and local businesses. Monitoring each grant recipient ensures that the goals and objectives identified within the City's HUD Action and Consolidated Plan are met. Copies of the monitoring reports are kept in the Office of Housing & Community Development.

Recipients that do not comply with the Post-Award and Sub-Recipient Criteria listed herein will forfeit their award of CDBG-CV funds. The forfeited funds will be then returned to the CDBG-CV program for reallocation.

- CDBG-CV recipient shall not incur any costs or obligate any CDBG-CV funding until a release of funds is received from the U.S. Department of Housing and Urban Development by the City of Warwick, a contract between the City and the recipient is executed, and an environmental review is complete.
- The CDBG-CV Program Year will start on July 1, 2023. CDBG-CV Programs will have one year to complete their program, ending June 30, 2024.
- CDBG-CV recipients shall ensure recognition of the role of the City's Community Development Block Grant program in providing services.
- CDBG-CV recipients will be required to maintain accurate records documenting the prevention of, preparation for, response to COVID-19 AND records documenting targeted populations and/or areas being served by the program or project. CDBG-CV recipients will provide quarterly reports to the City demonstrating the above eligibility requirements are being satisfied. The CDBG-CV recipient must collect and track data elements associated with the program/project requesting funding.
- Recipients will be asked to provide a final summary reporting all accomplishments and outcomes to be provided to HUD and the public. This includes a description of the impact or outcomes of the program or project. Quarterly updates may be requested and must be provided. If requested, funded recipients must comply.
- Sub-recipients are required to:
 - Collect and track data elements associated with the program/project requesting funding. These elements may include: how the person/household/business was directly impacted by COVID-19, number of persons/ households/businesses

served, family size, race/ethnicity, income documentation, and residency documentation. Additional elements may be required, collected and tracked depending upon the nature of the program.

- Submit performance reports to the City on a quarterly basis. The reports are reviewed for accuracy, performance measures and compliance. In addition, on-site monitoring/auditing of agencies for ongoing compliance and eligibility is done by the City to ensure income guidelines and residency are being met and goals are being reached.
- Payments: Invoices or requests for payments will be paid based on a fee per unit of service provided; backup substantiating the invoice is required. Quarterly funding requisitions will then be based upon the number of units provided and the cost for delivering that service.

COMMUNITY DEVELOPMENT BLOCK GRANT CORONAVIRUS RESPONSE

II. CDBG-CV APPLICATION

COMPLETE APPLICATION CHECKLIST

Please submit each section of the application, including this checklist:

- ☐ **A. CDBG-CV Application Cover Page**, *limit 1 page*
- ☐ **B. CDBG-CV Application Worksheet** , *limit 2 pages*
- ☐ **C. CDBG-CV Application Narrative**, *limit 7 pages*
- ☐ **D. Budget: Revenues and Expenditures**, attached separately, *limit 1 page*
Budget worksheet MUST match budget listed on the Cover Page, Summary page, and in the narrative

Required documents for non-profit organizations: (*see page 16 for additional documents*)

- ☐ **Verification of 501(c)3 or 6 Status**, *limit 1 page*
- ☐ **Agency Organizational Chart** to show how the proposed program fits into the overall organizational structure; include program staff or positions, *limit 1 page*
- ☐ **Most Recent Agency Operating Budget Summary**, *limit 1 page*
- ☐ **Most Recent Independent Auditors Report and identified findings** or *if an Audit is not available* the most recent 990 Financial Statement
- ☐ **Complete list of Board Members**

Signature of the Executive Authority

Date

Name

Title

A. CDBG-CV COVER PAGE, limit 1 page

CDBG-CV COVER PAGE

Service Type	<input type="checkbox"/> Food Assistance Program <input type="checkbox"/> Small Business Assistance Program <input type="checkbox"/> Childcare Program <input type="checkbox"/> Senior Program <input type="checkbox"/> Youth After school/Summer <input type="checkbox"/> Other		
CDBG-CV Type	<input type="checkbox"/> Prevention of COVID-19 <input type="checkbox"/> Preparation for COVID-19 <input type="checkbox"/> Response to COVID-19		
Operating Agency			
Program Name			
Program Area	<input type="checkbox"/> Low/Mod Census Tract ____ <input type="checkbox"/> City Wide		
Mailing Address			
Address Services are Delivered			
Executive Director / Manager		Phone	Email
Project Director		Phone	Email
Financial Contact		Phone	Email
Person who completed the Application		Phone	Email
Amount of CDBG-CV Funds Requested \$	Total Program Budget \$		
Estimated number of people who will be served: _____	OR Estimated number of businesses served:		
UEI Number		Tax ID	

B. CDBG-CV WORKSHEET, limit 2 pages

1. **HUD National Objective.** All CDBG-CV programs must serve Low and Moderate Income Clientele

☐ **Low and Moderate Income Clientele (LMC):** an activity which provides benefits to a specific group of persons who qualify as LMI.

2.

A. Describe the beneficiaries or clients served by the program.	A.
B. How many will be served by the proposed program? (unduplicated -per year)	B.
C. How many are <u>City of Warwick Resident</u> ?	C.
D. How many are <u>low to moderate income residents</u> ? See income data in the instructions	D.
E. What percentage of total clients are low to moderate income residents of the City? (<i>To calculate = D/B * 100; Must be > 51%</i>)	E.

3. **Employees.** Program specific, not for the entire organization.

A. Is this a new (pilot) program?	A.
B. How many employees are currently employed in this program?	B.
C. How many employees will be employed in this program if it receives CDBG-CV funding?	C.
D. How many employees will be employed in this program if it does not receive CDBG-CV funding?	D.

4. **Documentation**

A. How will the beneficiaries' information be collected and documented?	A.
B. What documentation will be used to prove the funds are going to the prevention, preparation or response to COVID-19?	B.
C. How will the units of service be tracked and documented?	C.
D. How will the outcomes be measured, collected, and documented?	D.

Please limit the CDBG-CV Worksheet to 2 (two) Pages.

C. CDBG-CV APPLICATION NARRATIVE

In a separate document please answer the following questions; you have *a maximum of 5* single-sided pages. Be as direct and specific as necessary. Please include question headings, but in order to save space please *do not* restate the question in your response.

1. Program Description

Describe the program being proposed. Make sure to explain the “who, what, when, and where”. Is this a new program or an expansion of an existing program?

2. Need for the Program and CDBG-CV Funds as it relates to COVID-19

Describe the need in our community, how this need is related to COVID-19, and why CDBG-CV funds are essential to address this need.

3. Project Management

Define who will manage the project and how they will manage it. Describe the applicant’s experience in delivering and managing this or similar programs. Please summarize current licensing and accreditations obtained.

4. Readiness to proceed

Describe the steps that have been completed or must be completed to initiate the project. These may include community support, staffing, securing an appropriate location, marketing, and networking.

Describe the program’s timeline with dates and times, including the earliest possible start dates, end dates, and milestones as applicable.

5. Budget for the Project

Provide a narrative explaining the budget and expenses for the program. *Describe exactly what and who the CDBG-CV will pay for in this program.* Describe how the dollars spent in your organization will be tracked separately with a cost allocation plan.

Please ensure that budget amounts listed in the narrative match the cover page and budget worksheet.

6. Partnerships, Collaboration, and Outreach

Describe how you are collaborating with the City and other non-profit organizations to form a cohesive approach to COVID-19. What steps will you take to make sure there is not a duplication of services? How will you reach out to individuals and families in need?

D. BUDGET: REVENUES AND EXPENDITURES,

Complete budget form including leveraged funding sources.

BUGET SUMMARY CHART

Category Breakdown	Total Activity Costs Billed to CDBG-CV	Leveraged Funds	Source of Leveraged Funds	Total Activity Costs
Personnel*	\$	\$	\$	\$
Contractual Services (Specify)	\$	\$	\$	\$
Rent & Utilities	\$	\$	\$	\$
Advertising	\$	\$	\$	\$
Other Specify:	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total CDBG-CV Request				\$
Total Other funds				\$
Grand Total	\$	\$	\$	\$

*NOTE: Please complete the budget detail chart on the next page if personnel costs are included in your proposal.

Budget Detail

This section provides back up for each line item shown in the Budget Summary Chart. Please make certain this detailed breakdown is consistent with the Program Budget. Round up to the nearest hundred.

A note about the Staff/Salary Breakdown: Please show all proposed staff positions funded with CDBG-CV funds that relate to the proposed activity. If multiple staff members have the same position/title, list separately (For example: Counselor 1, Counselor 2). Use an additional sheet if necessary. You must submit job descriptions with your application for each position title identified below. *When entering percentages, enter in decimal form.*

Position Title	Is this a Current or Proposed Position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	X	% Time Spent on This CDBG Project/Program	=	Total Position Cost Requested from CDBG-CV
Example: Case Manager	Current	\$25,000	\$5,000	\$30,000	X	40%	=	\$12,000
		\$	\$	\$	X		=	\$
		\$	\$	\$	X		=	\$
		\$	\$	\$	X		=	\$
		\$	\$	\$	X		=	\$
		\$	\$	\$	X		=	\$

Please note: A job description for each person must be provided.

E. CDBG REQUIRED DOCUMENTS

- 1) Most recent 501 (c) (3) letter from the IRS
- 2) UEI # & Sam.gov registration
- 3) Organizations' most recent Financial Audit. (If the agency does not meet the federal threshold \$750,000 or more in federal expenditures) for requiring an audit, and does not have an audit, submit a certified statement to that effect.
- 4) Most Recent Form 990 financial statement or Form 990EZ if organization is a nonprofit agency
- 5) Current Fiscal Year Agency Budget, including all funding sources
- 6) A board resolution setting forth who is authorized to submit the application and execute the grant agreement with the City.
- 7) Organization's mission statement and/or strategic plan
- 8) Organization's governing board roster. (If the organization has a local advisory board, include a roster of local advisory board members.) These lists must identify principal officers and include contact information for each board member.
- 9) Organization's copy of the annual report submitted to the Rhode Island Secretary of State's Department of Business Regulations. *(Each calendar year an annual report is due for filing from the following entities during the stated statutory filing periods: Business Corporation- Jan. 1 to March 1. Non-Profit Corporations – June 1 to June 30)*
- 10) Organization's current organizational chart (dated)
- 11) Organization's Non-Discrimination Policy,
- 12) Equal Employment Opportunity (EEO) Policy,
- 13) Organization's Conflict of Interest Policy
- 14) Organization's Procurement Policy
- 15) Organization's Grievance Policy for both employees and clients
- 16) Organization's Protected Personal Identifiable Information Policy
- 17) Client Intake form for the project

- 18) If your organization is requesting reimbursement for staff time or using staff time for match, attach a roster of staff you expect to be involved in the project, pay schedules and job descriptions for each person assigned to the project.
- 19) Documentation supporting the value of donated building, fair rental or lease (if applicable)
- 20) Include a copy of your written Policy on Record Keeping
- 21) Liability Insurance
- 22) Worker's Compensation Insurance
- 23) Unemployment Insurance
- 24) If the project will use volunteers, provide a statement of job descriptions or a list
- 25) Required WWW.SAM.GOV Registration

A. Statement of Applicant

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. That the City of Warwick may request or require changes in the information submitted and may substitute its own figures, which it deems reasonable for any or all figures provided. That the applicant will participate in required public meetings and may be called in for an interview for project assessment.
4. That, if the project(s) is recommended and approved by the Mayor, the City reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced or rescinded.
5. The City of Warwick reserves the right not to fund any proposals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. That, if the project(s) is funded, the Organization agrees to abide by the City's locally established policies and guidelines.
8. That past program and financial performance will be considered in reviewing this application.
9. That services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City.
10. That, if the project(s) is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. That, if the organization's project(s) is funded, the City will perform an environmental review prior to the obligation of funds.
12. That, if a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations and reversions of assets would be required between the organization and the City.

13. That a project's funding does not guarantee its continuation in subsequent action plans.
14. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
15. Agree to abide by the City of Warwick's Conflict of Interest policy. Items of concern would include staff members serving on Board of Directors, staff members' families serving on Board of Directors and other matters that may give the appearance of a conflict of interest.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT
U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above in its name and on this _____ day of _____, 202__.

Name of Organization

By: _____
Signature of Authorized Signer

Title

B. Conflict of Interest Disclosure

The standards in of 2 CFR part 200 Uniform administrative requirements, cost principles, and audit requirements for Federal Awards, provide that no employee, officer or agent shall participate in the selection, award or administration of a contract supported by federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer or agent, any member of his or her immediate family, his or her partner or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer or elected official or appointed official of the recipient or subrecipient that are receiving CDBG or HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in opposition to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted or HOME-assisted activity or have any interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME.

IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:

☐ I certify that no conflict of interest exists between the City of Warwick and
(name of organization) _____.

☐ I certify that no conflict of interest exists between the subcontractors and
(name of organization) _____.

IF POTENTIAL CONFLICT EXISTS, COMPLETE THE FOLLOWING:

☐ I certify that a potential conflict of interest may exist between the City of Warwick and
(name of organization) _____.

☐ I certify that a potential conflict of interest may exist between (name of subcontractor)
_____ and (name of organization) _____.

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict and their affiliation with your organization_____.

Signature of Authorized Signer

Date

Type Name and Title