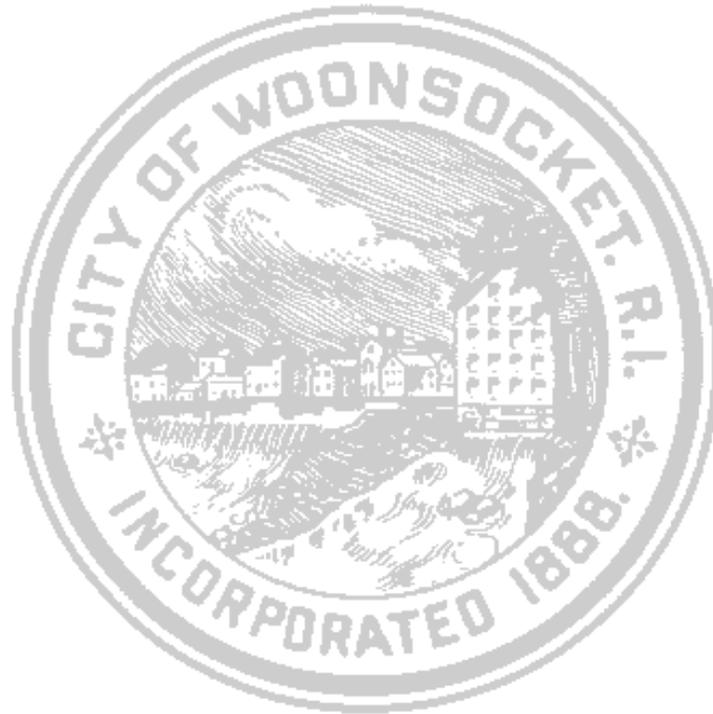


CITY OF WOONSOCKET, RHODE ISLAND

Fiscal Year 2017/2018 – Funding Application & Instructions



Community Development Block Grant
HOME Investment Partnerships Program

Deadline – Friday, January 13, 2017 – 2:00 PM
Public Meeting – Wednesday, November 30, 2016 – 11:00 AM
169 Main Street, City Hall, Woonsocket, RI

The Honorable, Lisa Baldelli-Hunt, Mayor

169 Main Street . Woonsocket, Rhode Island 02895 .
401.767.9232 . www.ci.woonsocket.ri.us

CITY OF WOONSOCKET FUNDING APPLICATION

Fiscal Year 2017/2018 (see page 12 for information & instructions. **Please read Section III E-1 a-g carefully**)

A. Agency & Project/Program Summary Information

Applicant Legal Name of Agency/Organization			
Applicant Address			
Contact Person and Title			
Telephone No.	Fax No.	e-mail	
Project/Program Title			
What is the program goal? <i>Example: Increase the GPA of 50 Woonsocket high school students by providing afterschool tutoring and homework help, five days per week from 3-5pm, throughout the school year.</i>			
Describe the program unit(s) of service? (example: 1 meal daily for 52 wks; 6 hours of care, 4 days per weekx52 weeks; 3 hours of coaching one-time per monthx12months; 2 hours of tutoring five times per week for 30 weeks). Please include all types of service.			
Requested Funding Source (select only one): <input type="checkbox"/> Community Development Block Grant (CDBG) <input type="checkbox"/> Home Investment Partnerships Grant (HOME) *** Applicants for the HOME (CHDO Set-Aside) Grant program will need to submit an additional proposal for a proposed project.			
Project /Program Total Cost \$		Project/Program Total Funding Requested \$	
Currently receiving CDBG or HOME funds for this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the amount \$			
To be eligible for funding, a program/project must qualify as an ELIGIBLE ACTIVITY <u>AND</u> meet a NATIONAL OBJECTIVE			
Eligible Activities 24 CFR 570.201		National Objective (what will be the benefit of the project/program?)	
<input type="checkbox"/> Acquisition <input type="checkbox"/> Disposition <input type="checkbox"/> Public Facility Rehab	<input type="checkbox"/> Clearance Activities <input type="checkbox"/> Public Services <input type="checkbox"/> Economic Development <input type="checkbox"/> Housing (HOME)	<input type="checkbox"/> L/M** Area Benefit <input type="checkbox"/> L/M Limited Clientele <input type="checkbox"/> Housing for L/M **low/moderate income	<input type="checkbox"/> Jobs for L/M <input type="checkbox"/> Slums/Blight (decrease)
If the National Objective is L/M Limited Clientele, please use the boxes below to better describe the program/project beneficiary:			
<input type="checkbox"/> Elderly <input type="checkbox"/> Frail Elderly <input type="checkbox"/> Youths in general <input type="checkbox"/> Youths & children at risk	<input type="checkbox"/> Severely Mentally Ill <input type="checkbox"/> Persons with physical disabilities <input type="checkbox"/> Developmentally disabled	<input type="checkbox"/> Persons with HIV/AIDS <input type="checkbox"/> Victims of domestic violence <input type="checkbox"/> Persons with alcohol/drug addiction	<input type="checkbox"/> Dually-diagnosed persons <input type="checkbox"/> Homeless <input type="checkbox"/> Persons facing homelessness <input type="checkbox"/> Veterans

What is the total number of unduplicated persons this program/project will serve?	#	What percentage of the total number served will be Woonsocket residents?	%
<p><i>The US Department of Housing & Urban Development (HUD) uses performance measures to determine the effectiveness of programs awarded CDBG and HOME funds. Information obtained on the local level is reported to HUD. This enables HUD to describe performance at a national level. HUD's performance measurement system has three objectives and three outcomes. In the boxes below, compare your program/project to HUD's system:</i></p>			
Select one of the following HUD OBJECTIVES that best fits your project/program objective			
<input type="checkbox"/> Suitable Living Environment	<input type="checkbox"/> Decent Affordable Housing	<input type="checkbox"/> Economic Opportunities	
Select at least one of the following HUD OUTCOMES to be achieved by your project/program			
<input type="checkbox"/> A benefit will be ACCESSIBLE/AVAILABLE <i>The program/project will make new or improved services, infrastructure, housing, shelter, or employment opportunities more available or accessible to L/M persons.</i>	<input type="checkbox"/> A benefit will be AFFORDABLE <i>The project/program will make new or improved services, infrastructure, housing, or shelter more affordable to L/M persons.</i>	<input type="checkbox"/> A current benefit will be SUSTAINED <i>A new or improved project/program will make help sustain current services, infrastructure, housing, shelter, or economic opportunities for L/M persons.</i>	
Agency Information			
Is your agency incorporated as a public or private nonprofit corporation under the laws of the State of Rhode Island?		YES <input type="checkbox"/> NO <input type="checkbox"/> (include verification)	
Is your agency tax exempt under the US Internal Revenue Service Codes?		YES <input type="checkbox"/> NO <input type="checkbox"/> (include verification)	
Has your agency adopted an Affirmative Action policy?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is (are) your facility (ies) and programs accessible to the handicapped?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you included a current list of your organization's Board of Directors with addresses and titles?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you included written authorization by the Agency's Board of Directors to submit this application?		YES <input type="checkbox"/> NO <input type="checkbox"/> (include authorization)	
Have you read and understood the instructions that accompany this application, specifically Section III, Paragraph E, Item 1 a-g?		YES <input type="checkbox"/> NO <input type="checkbox"/>	

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.		
<i>Certification -- I certify that all information that is submitted with this application is true and accurate, and that I have reviewed the instructions attached to this application.</i>		
Signature		
Name	Title	Date
Federal ID #	Duns #	Date
<p>Equal Opportunity</p> <p><i>In the administration of programs and projects, the City of Woonsocket makes every effort to ensure non-discriminatory treatment, outreach and access to program and project resources. This applies to contracting, as well as to marketing and selection of program participants. The City expects the same effort from grant subrecipients and contractors. Auxiliary aids will be furnished by the City where necessary to afford an individual with handicaps an equal opportunity to participate in, and enjoy the benefits of, a program or activity receiving Federal financial assistance. The City expects the same effort from grant subrecipients and contractors.</i></p>		

B. **PROJECT/PROGRAM FUNDING** (include funding for your **CURRENT** program/project year. **Do not limit** funding to the City of Woonsocket CDBG or HOME Programs).

1. Identify and list amount of Federal and/or State funding for your current program year beginning _____.

Source	Amount	Funding Period
1.		
2.		
3.		
4.		
5.		

2. Identify other funding sources (non-federal/private) for your current program/project year.

Source	Amount	Funding Period
1.		
2.		
3.		
4.		
5.		

3. Identify requested and pending FUTURE funding.

Source	Amount	Funding Period
1.		
2.		
3.		

4.		
5.		

4. Identify all funding (grants) requested for the last two program years, but denied.

Source	Amount	Funding Period
1.		
2.		
3.		
4.		
5.		

5. Identify source and value of projected inkind and volunteer hour contributions for proposed program/project.

Source	Value
1.	
2.	
3.	
4.	
Total	

C. **AGENCY** Current **TOTAL** Operating Budget

Income (present fiscal year)	\$	Percent of total budget
Federal		
State		
City/Town		
Other Grants		
Fees		
Investments/Trusts/ Etc.		
Third Party Reimbursement		
Other (please specify)		
Total Income		
Expenses		
Salaries		

Executive Director (MUST be identified by name and individual total compensation listed)		
Other Staff (total compensation)		
Materials & Supplies		
Equipment & Property		
Contracted Services		
Travel		
Advertising/Public Relations		
Other (please specify)		
Total Expenses		
Total Assets		

D. **PROJECT/PROGRAM** Proposed Expense Budget (please indicate total project/program costs, as well as expenses to be funded by this request)

Proposed Budget	Total Program	Funding Request
Annual Cash Income		
Annual Value of Inkind and Volunteer Contributions		
Annual Cash Expenses		
1. Salaries		
2. Telephone		
3. Postage		
4. Utilities		
5. Rent		
6. Printing		
7. Insurance		
8. Materials & Supplies		
9. Equipment & Property		
10. Contracted Services (please specify)		

11.		
12. Travel		
13. Advertising/Public Relations		
14. Other (please specify)		
15.		
16. Capital Expenditures (please specify)		
Total Expenses		
Projected # of Clients	TOTAL Program Cost Per Client \$	CDBG / HOME Cost Per Client \$

E. Project/Program Description – please answer the questions in the order presented and in the spaces provided. Be as concise and clear as possible. Do not combine program areas. **DO NOT ATTACH ADDITIONAL SHEETS OR REDUCE THE FONT SIZE.** See *Instructions, Section III E-1 a-g*. The order of your answers must correspond with the order of the questions.

Please provide one short sentence that best summarizes your program/service/activity:

Area 1. Need

- a) What is the need being met by the program or service? (consider objectives on page one)
- b) What was used to determine the need for the proposed service: Scientific research, formal surveys, or anecdotal observations and opinion? Please indicate the source of your information.

a)

b)

Area 2. Approach

- a) What is the anticipated unit(s) of service? Example: 1 unit=1 hot meal 5 times per week; 1 unit=3 hours casework 2 times per week, 1 unit=4 hours of instruction at quarterly workshop; 1 unit=6 camp hours, 5-days per week for 8 weeks; etc. unit=Membership privileges for 6 months;
- b) How often will the services be provided?
- c) How will services be provided?
- d) How will the target population be reached?
- e) How will the project/program be managed and staffed (please attach program-related job descriptions)?
- f) How will client LOW/MODERATE INCOME eligibility be determined and documented?
- g) Who will be providing the proposed service to clients?
- h) What problems are anticipated in the delivery of the services?
- i) What indicators will determine the long-term benefit, and what will you use as a measurement tool?
- j) What is the timetable for delivery of services?
- k) How will project/program continue in the long term with or without federal funding?

a)
b)
c)
d)
e)
e) insert info below

Area 3. Coordination & Collaboration

- a) How will the agency coordinate and collaborate with other agencies providing similar and complementary services for the target population?
- b) Has the agency entered into formal written cooperative agreements with other agencies providing similar and complementary services?

a)
b)

Area 4. Agency Background and Experience

- a) How long has this agency been operating in Woonsocket?
- b) What is the number of full-time / part-time paid employees and volunteers (list each separately)?
- c) What are the business hours?
- d) What fees are charged?
- e) For what period of time has this agency been providing the proposed service?
- f) What services, other than those proposed in this application, does the agency provide?
- g) If the agency does not have experience in providing the proposed service, what experience and successes has the agency had in carrying out similar project/programs and in working in partnership with other agencies?

a)
b)
c)
d)
e)
f)
g)

CITY OF WOONSOCKET 2017/2018 FUNDING APPLICATION - INFORMATION & INSTRUCTIONS

I. Introduction

Woonsocket is currently accepting applications for funding from the Community Development Block Grant (CDBG) Program and HOME Investment Partnerships Program (HOME). Only certified Community Housing Development Corporations (CHDOs) are eligible to use this application for HOME Investment Partnership Program funds. The **Emergency Solutions Grant** application is not part of this application package.

Applications are available in the Department of Planning & Development, City Hall, on-line at www.ci.woonsocket.ri.us, or via email request to ccarcifero@woonsocketri.org. On-line applications are available and fillable with adobe acrobat software (downloadable from the internet).

HOME applications are for first-time low-income homebuyers and existing property owners interested in the Housing Rehab program, are accepted on an ongoing basis. Interested parties should contract **Susan DiColella**, Program Manager, Department of Planning & Development, Woonsocket City Hall, 169 Main Street, Woonsocket, RI 02895, 401-767-9228.

II. Authority

A. The Community Development Block Grant is authorized by Title I of the Housing and Community Development Act of 1974. Funds available under this notification are subject to the requirements of the amended CDBG regulations located at 24 CFR Part 570.

B. The HOME Investment Partnerships Act is authorized by Title II of the Cranston-Gonzales National Affordable Housing Act of 1990. Funds available under this notification are subject to requirements of this act and its amendments (if any) located at 24 CFR Part 92.

C. In 1993, HUD developed a single planning and application process for the administration of CDBG, ESG, and HOME funds. The City of Woonsocket, through this notification, will fund programs that address housing, economic development, public service, and continuum of care (homelessness, persons living with HIV/AIDS) community needs for the upcoming program year. Since fiscal year 2012-2013, the City segregates the application process for the Emergency Solutions Grant.

III. Instructions to Applicants

A. Questions regarding the funding application and/or selection process should be directed to Christopher Carcifero, Deputy Director of Housing & Community Development, City Hall, 169 Main Street, Woonsocket, RI 02895, 401-767-9232, ccarcifero@woonsocketri.org.

B. Deadline – Completed applications must be received at the Department of Planning and Development, City Hall – 169 Main Street, Woonsocket, Rhode Island 02895, no later than 2:00 p.m. on Friday, January 13, 2017. **Electronic (E-mail), LATE, INCOMPLETE OR INCORRECT APPLICATIONS WILL NOT BE ACCEPTED.**

C. **Number of Copies** – Please submit the **ORIGINAL SUBMISSION along with EIGHT (8)** copies of the completed application(s).

D. Selection Process – The staff of the Department of Planning and Development (DPD) determines the eligibility and reviews all applications. The Deputy Director determines application completeness and accuracy and will interview new applicants. City of Woonsocket Community Development Advisory Board (CDAB) will review applications and will make funding recommendations to the Mayor. Programs and projects will become a part of the City's Annual Action Plan upon final approval by the City Council. The Action Plan is submitted to the Department of Housing and Urban Development (HUD) as part of the City's federal grant application and Annual Action Plan submittal, due to HUD by May 15. HUD reviews the application and determines appropriate federal funding allocations. When HUD's review is complete, the City is notified. The City then notifies applicants of final award decision and executes the contracts.

E. Application Requirements – All agencies or organizations seeking funding for fiscal year 2017/2018 must comply with the following items –

1. Application submittals must follow the order and outline format as presented in the application form.
 - a) **PLEASE REMOVE THE MUNICIPAL APPLICATION COVER SHEET AND INSTRUCTIONS PRIOR TO SUBMISSION**
 - b) **PLEASE NO ADDITIONAL SHEETS (UNLESS NEEDED) OR A COVER SHEET**
 - c) **PLEASE NO BINDERS**
 - d) **PLEASE NO FONT SIZE SMALLER THAN 10 POINT (IF POSSIBLE)**
 - e) **PLEASE KEEP NARRATIVE TEXT WITHIN THE CELL BOUNDARIES and PROOF INSERTION**
 - f) **PLEASE SUBMIT THE ORIGINAL APPLICATION PLUS EIGHT (8) COPIES OF THE COMPLETED APPLICATION(S).**
 - g) **PLEASE SUBMIT ONLY ONE SET OF SUPPORT DOCUMENTS (AUDIT, CORPORATE AUTHORITY, TAX STATUS)**

2. For federal grant funding, it is required, at a minimum, that 51% of all clients benefiting from the service or activity have household incomes at or below 80% of the Woonsocket-Pawtucket-Attleboro-RI-MA PMSA—low income

Household Size Maximum Yearly Income (effective March 2016 and is subject to change)

Household Size	1	2	3	4	5	6	7	8
LOW-INCOME	40,800	46,600	52,450	58,250	62,950	67,600	72,250	76,900

(The above figures represent 80% Area Median Income Limits (AMI) FY 2016 and is subject to change)

Activities that exclusively serve a group of persons in any one or a combination of the following categories may be presumed to benefit persons, 51 percent or whom are low- and moderate-income: abused children, battered spouses, elderly persons, adults meeting the definition of “severely disabled,” homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers.

3. There must be evidence that the agency/organization is a bona-fide non-profit corporation.
 4. **Complete audits (including the management letter) of the prior year’s operation must be included with this application (one copy).**
 5. The application must show income figures from the primary and secondary funding sources.
 6. Funds will be awarded only to projects providing services within the City of Woonsocket.
 7. You must specify the type of funding for which you are applying (CDBG funds or HOME Grant funds). See attached Grant descriptions/criteria in order to determine eligibility.
 8. **A separate application is required for each funding request.**
- F. Funding – Funds will be disbursed only on a cost reimbursement basis.
- G. Miscellaneous
1. Previous funding does not guarantee funding for this program year. Funding is limited and these programs should not be considered as ongoing, multi-year funding sources.
 2. Grant recipients will be required to comply with affirmative action and equal opportunity laws. In the event of non-compliance, the agreement may be terminated or suspended in whole or in part.

3. Grant recipients will be required to obtain adequate insurance covering worker's compensation, bodily injury, property damage, or automobile liability, depending on the nature of the project.
4. Grant recipients will be responsible for obtaining any necessary licenses and for complying with all applicable federal, state, and municipal laws, codes, and regulations. You can include the costs of insurance and licenses for the project in the proposed budget.
5. Grant recipients will be required to file regular reports on expenditures, progress toward goals, and beneficiaries.

IV. Program Descriptions

A. CDBG PUBLIC SERVICE FUNDING

1. CDBG funds will be used to carry out a wide range of community development activities directed toward neighborhood revitalization, economic development, and the provision of improved community facilities and services which benefit low and moderate income persons. **No more than 15 percent** of the City's CDBG funds will be allocated for public service activities.

2. Eligible Activities – General

- a) Must meet national objective of benefiting low to moderate income persons
- b) May include, but are not limited to the following:
 - (1) Child care
 - (2) Health care
 - (3) Job training
 - (4) Recreation programs
 - (5) Education programs
 - (6) Public safety programs
 - (7) Fair housing activities
 - (8) Services for homeless persons
 - (9) Drug abuse counseling and treatment
 - (10) Energy conservation counseling and testing

3. Eligible Costs – General

- a) Refunding of CDBG funded public service activities at the same level as in previous program year.
- b) Refunding for New Service
- c) Refund the cost of operating and maintaining that portion of a facility in which the service is located
- d) Refund the cost of providing service including staffing, materials, etc.
- e) Refunding for a quantifiable increase in the level of service

4. Examples of previously funded public service activities

- a) Various agency staffing
- b) Meals on Wheels services
- c) Teen Pregnancy prevention programs
- d) Substance abuse crisis intervention
- e) Reading programs for illiterate adults

B. CDBG GENERAL ACTIVITY FUNDING

1. Eligible Activities – General

- a) Must meet national objective
 - (1) Benefits low and moderate income persons

- (2) Addresses slums and blight
- (3) Addresses urgent community need
- b) Types of eligible activities
 - (1) Acquisition of real property
 - (2) Disposition
 - (3) Facilities and improvements
 - (4) Interim assistance
 - (5) Relocation
 - (6) Loss of rental income
 - (7) Removal of architectural barriers
 - (8) Housing rehabilitation
 - (9) New housing construction
 - (10) Code enforcement
 - (11) Historical preservation
 - (12) Commercial or industrial rehabilitation
 - (13) Special economic development
 - (14) Planning and capacity building

2. Eligible Costs – reviewed on a project-by-project basis

3. Examples of previously funded activities

- a) Senior Center HVAC improvement
- b) Sojourner House recreation room project
- c) Park improvements
- d) Stadium Theatre restoration
- e) Demolition projects
- f) Assistance to businesses which provide job opportunities for low and moderate income persons
- g) Housing rehabilitation grants

C. HOME INVESTMENT PARTNERSHIPS

1. The HOME program enables Woonsocket to provide more housing affordable to low-income persons. Non-federal resources match HOME funds.

2. Eligible Activities – General

- a) Rental housing
- b) Homeownership opportunities
- c) Eligible Costs – General
- d) Development hard costs
- e) New construction
- f) Rehabilitation costs
- g) Correct substandard conditions
- h) Essential improvements including energy related repairs, handicap accessibility, lead paint hazard abatement
- i) Costs of acquiring improved or unimproved property



- j) Soft costs associated with the project
- 3. Examples of previously funded HOME programs**
- a) NeighborWorks Blackstone River Valley (WNDC)
 - b) Blackstone Valley Housing Development Corporation
 - c) Cost sharing with owner for rehabilitation of vacant/abandoned rental property
 - d) Developer/contractor cost recovery program for rehabilitation of vacant/abandoned property (contingent upon the sale to low to moderate-income buyers).