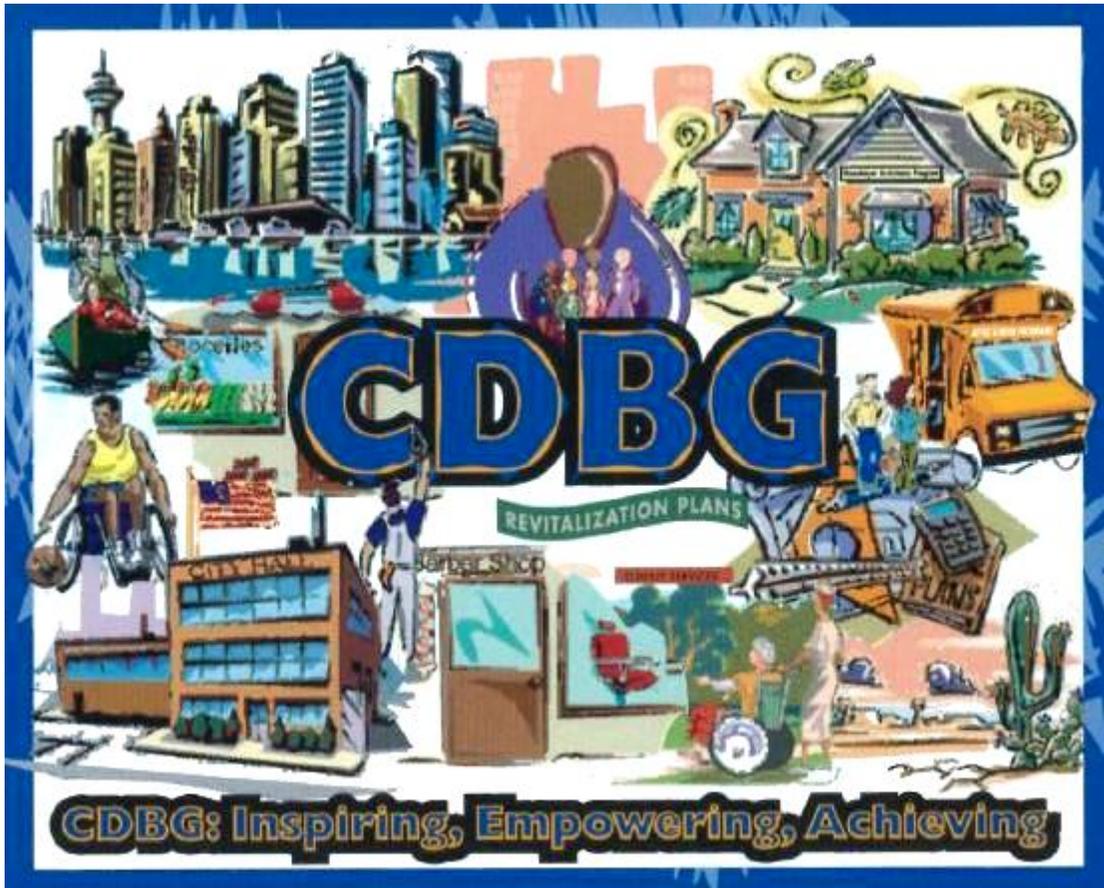


**Small Cities Community  
Development Block Grant  
2016 Application**



**Governor Dannel P. Malloy**

**Evonne Klein  
Commissioner  
Department of Housing**

**CDBG/Small Cities & Technical Services**

*Affirmative Action/Equal Employment Opportunity Employer*

**SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**Applicant Information**

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Individual Name \_\_\_\_\_ Title \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ FEIN # \_\_\_\_\_

DUNS # \_\_\_\_\_ CCR# \_\_\_\_\_

Did a consultant prepare this application? Yes  No

If yes, provide the following:

Consultant Name \_\_\_\_\_ Phone # \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

E-Mail \_\_\_\_\_

Small Cities Grant Request: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Amount Leveraged by Town: \$ \_\_\_\_\_ (cash, not in-kind)

Project Name \_\_\_\_\_

Project Address \_\_\_\_\_

Census Tract \_\_\_\_\_ Block Group \_\_\_\_\_

Congressional District \_\_\_\_\_

Senate District \_\_\_\_\_

House District \_\_\_\_\_

**Citizen Participation**

Develop a Citizen Participation Plan and submit it with the application as an exhibit. In addition to the plan, the community will need to describe its public hearing process.

Is the Citizen Participation Plan attached? \_\_\_Yes \_\_\_No

Are the Public Hearing Notices and Affidavit of Publication attached? \_\_\_Yes \_\_\_No

Is a copy of the public hearing minutes attached? \_\_\_Yes \_\_\_No

Is a copy of the Town Council or Board of Selectmen meeting minutes attached? \_\_\_Yes \_\_\_No

**Is this a multi-jurisdictional application?** \_\_\_Yes \_\_\_No

List names of other communities participating:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. Project Information**

**1.1 Eligible Activity**

Housing Rehabilitation     Community Facilities     Economic Development

Streets and/or Sidewalks     Other, Specify \_\_\_\_\_

**1.2 Project Type**

Community Facility     Public Service     Economic Development

Housing     Planning     Other, Specify \_\_\_\_\_

**1.3 National Objective**

\_\_\_Low and Moderate Income benefit

\_\_\_Slum and Blight – prevent or eliminate

\_\_\_Urgent Need - (must meet the 4 very specific criteria)

% of Funds benefiting low/mod income persons: \_\_\_\_\_ %

**1.4 Accomplishments**

Enter the proposed accomplishments for this activity according to only one (1) of the following unit types. Contact your DOH representative (if necessary) to determine the correct unit type for this activity.

<b>Unit Type</b>	<b># of Units</b>	<b>Unit Type</b>	<b># of Units</b>
<b>People</b>	_____	<b>Housing Units</b>	_____
<b>Households</b>	_____	<b>Jobs</b>	_____
<b>Businesses</b>	_____	<b>Organizations</b>	_____

**1.5 Performance Measures**

Select the one objective that best describes the purpose of the activity. Then select the outcome category that best reflects what the town is trying to achieve.

**1.5 a Objectives:**

- Suitable Living Environment \_\_
- Decent Housing \_\_
- Creating Economic Opportunities \_\_

**1.5.b Outcomes:**

- Availability/Accessibility \_\_
- Affordability \_\_
- Sustainability \_\_

**1.5.c Common Indicators** - (Measures Results)

- Amount of funds leveraged \$ \_\_\_\_\_
- Number of households, businesses, or units assisted \_\_\_\_\_
- Income levels of persons or households served:  
 ≤30% \_\_\_\_\_ >30% and ≤50% \_\_\_\_\_ >50% and ≤80% \_\_\_\_\_

**1.5.d Racial Classification - See chart below**

Racial Classification	Owner		Renter		Total	
	All	Hisp	All	Hisp	All	Hisp
White						
Black/African American						
Asian						
American Indian/Alaskan Native						
Native Hawaiian/Other Pacific Islander						
American Indian/Alaskan Native & White						
Asian & White						
Black/African American & White						
American Indian/Alaskan Native & Black/African American						
Other Multi-Racial						
<b>Totals:</b>						

**1.5.e Number of Female-Headed Households:** \_\_\_\_\_

### 1.6 Acquisition

Does the proposed project require the applicant to acquire property? \_\_\_\_\_

Does the town have title to the property? \_\_\_\_\_

If the town does not have title, is there an option to purchase the property?

\_\_\_\_\_ Yes (if yes, include expiration date) \_\_\_\_\_ No

If acquisition is needed, will relocation be required?

\_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_

### 1.7 Relocation Plan

If you are planning a project that requires relocation as a part of the project, have the General Information Notices (GIN) been sent out? \_\_\_ Yes \_\_\_ No \_\_\_ N/A

**(Provide copy)**

#### Tenant Relocation

Please check all that apply.

Tenants will be permanently relocated \_\_\_\_\_

Tenants will be temporarily relocated \_\_\_\_\_

No Tenant relocation \_\_\_\_\_

### 1.8 Project Narrative

Attach a project description of 500 words or less as an Exhibit (refer to Handbook)

### 1.9 Program Benefit Data for Area Benefit Activities

Enter the following data for the Service Area that meets the low- and moderate-income national objective by benefiting all of the residents of a particular Service Area where at least fifty-one percent (51%) of the residents are low-and moderate-income persons.

- a. If a survey was used to establish the percentage of low- and moderate-income persons in the service area, list that percentage here: \_\_\_\_\_%

**Include the survey methodology as part of the application – NOTE: All survey methodology must be approved by DOH prior to the start of the survey to ensure that the methodology is sound. All requests for approval must be submitted to DOH by February 1, 2016 to ensure that DOH has time to review and approve. Late submissions may be reviewed at the discretion of DOH.**

- b. If Census data was used to establish the percentage of low- and moderate-income persons in the Service Area, report the percentage and Census data as follows:
- If the service area covers **all** of the Block Groups in a Census Tract, list **only** the Census Tract number (do **not** list the Block Group numbers). Provide data for **all** of the persons who reside in the Census Tract; or,
  - If the service area covers only **some** of the Block Groups in a Census Tract, list each of the Block Group numbers on a separate line with the

Census Tract number. Provide data for **only** the persons who reside in each of the Block Groups.

- Define the Service Area boundaries (attach a map).

Census Tract Number	Block Group Number	Total Persons in Census Tract or Block Group	Total Low and Moderate Income Persons

Totals: \_\_\_\_\_ (A) \_\_\_\_\_ (B)

Divide (B) by (A) and enter the percentage here: \_\_\_\_\_%

**1.9.1 Is the Project consistent with the latest State Conservation and Development Policies Plan (C&D Plan)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Provide a brief explanation of project’s consistency with the C&D Plan text and map, which category of development/conservation, and nature of Project or indicate why the Commissioner may consider an exception to the C&D Plan (do not include the entire State C&D Plan).**

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**2. Project Need**

**2.1 Document the need for this project and attach as Exhibit 2.1 (form provided).**

**2.2 Other Funding**

Has the project/building/site received funding or a firm commitment of funding from sources other than CDBG from DOH and/or the Connecticut Housing Finance Authority (CHFA)? If it has received funding from another Connecticut state agency, please specify the agency.

Activity	Awarding Agency	Funding Source	Year Awarded	Amount Awarded	Status

**2.3 Potential Future Funding**

Has the applicant and/or subrecipient applied for funding from DOH, CHFA, or any other CT state agency for the benefit of the project/building/site in the last 12 months (i.e., since April 10, 2015)? Will the applicant and/or subrecipient be applying for funding from DOH, CHFA, or any other state agency for the benefit of the project/building/site in the 12 months following April 11, 2016?

Activity	Awarding Agency	Funding Source	Date Applied or Plan to Apply	Amount Requested or Will Be Requested	Application Status

**3. Applicant Capacity**

**3.1 Key personnel**

Identify key personnel, including CEO, town staff, consultants (and consultants' staff), etc., who will be involved in the proposed project. Attach as an **Exhibit (Form 3.1 provided)**. Resumes or narratives can be used. The town is ultimately responsible for all aspects of the project and will be the first point of contact. Also, identify the four (4) most recent Small Cities CDBG projects similar to the one proposed that the grantee and/or subrecipient has either brought to completion or assisted in bringing to completion.

Project	Name of Grantee or Subrecipient	Date Initiated	Date Planned for Completion	Date Completed	Original Budget End Date	Final Budget End Date

**3.2 Identify the most recent community development projects (up to 6) undertaken by the town and funded from sources other than a Small Cities Community Development Block Grant within the last ten (10) years.**

Activity	Date Initiated	Date Planned for Completion	Date Completed	Original Budget	Final Budget

**3.3 Identify the spending status of every Small Cities CDBG grant that has not received a close-out certificate. NOTE: Applicants cannot have more than 3 grants outstanding. In addition, 2015 grants must be 10% expended, 2014 grants must be 50% expended, and 2013 and earlier grants must be 100% expended. 2015 grants will be reviewed on a case-by-case basis and exemptions may be granted at the discretion of DOH.**

**Spending Verification Form for Small Cities**

Grant Year \_\_\_\_\_ Total Grant \_\_\_\_\_  
 Amount Expended to date \_\_\_\_\_ Percent Expended \_\_\_\_\_

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Grant Year \_\_\_\_\_ Total Grant \_\_\_\_\_  
 Amount Expended to date \_\_\_\_\_ Percent Expended \_\_\_\_\_  
 Closed, not monitored \_\_\_\_\_ Closed and monitored \_\_\_\_\_

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Grant Year \_\_\_\_\_ Total Grant \_\_\_\_\_  
 Amount Expended to date \_\_\_\_\_ Percent Expended \_\_\_\_\_  
 Pre-Closed, not monitored \_\_\_\_\_ Pre-Closed and monitored \_\_\_\_\_ Certificate Issued \_\_\_\_\_

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**3.4 Sub-recipient - Identify each subrecipient that will be involved in the proposed project:**

Subrecipient Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact/Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Submit the subrecipient agreement between the town and the sub-recipient that will administer any portion of the proposed project. (If the agreement is not available at the time of application, it must be executed and a copy returned to DOH along with the Assistance Agreement if the grant is awarded.)

**3.5 Compliance with Project Requirements**

Indicate for any of the projects noted in Section 3.1 instances of either audit or monitoring findings and the status of those findings.

Grantee/Sub-Recipient	Project Name	Funding Source	Finding	Status

**3.6 Litigation/Compliance/Citizen Complaints**

Is either the applicant or subrecipient entity named in any litigation, citizen complaint, and/or DOH monitoring finding related to housing, economic development, community development activities, Fair Housing & EEOC, etc., or is any such litigation, citizen complaint, or monitoring finding pending or foreseeable?  YES  NO

If yes, indicate the nature and status of the litigation, citizen complaint, and/or monitoring finding. If litigation, identify court and docket number and if there has been an adverse decision in the last 4 years. Attach as **Exhibit 3.6**.

**3.7 Returned Small Cities Funds**

Has the applicant returned Small Cities funds to DOH in the last 3 years?  
 YES  NO

If yes, indicate the amount returned and the reason why the applicant returned such funds. Attach as **Exhibit 3.7**.

**4. Project Feasibility and Merit, Sources and Uses of Funds, Environmental, Technical, Sustainable Features and Design**

**4.1 Sources and Uses**

In a brief description, identify all potential sources of financing for this project in order of lien position and explain the level of commitment (firm, conditional, etc.) for 100% of the leveraged funds from each source of funding. Indicate whether the grantee and/or subrecipient has applied for any other sources of funding. If not, why not? Also, complete Exhibits 4.1.0 and 4.1.1 (forms provided) and attach commitment letter(s).

**4.1a Operating Funds and Rental Subsidies**

Briefly identify all sources of operating funds and rental subsidies for this project. Also complete Exhibit 4.1a (form provided) and attach commitment letter(s).

**4.1b Financial or Programmatic Link with Social Service Providers**

Briefly identify any links that will be formalized with social service providers. Also complete Exhibit 4.1b (form provided) and attach commitment letter(s).

**4.2 Program Income on Hand**

**Prepare and attach as Exhibit.** (See below)

The purpose of this report is to determine the actual amount of program income on hand. In the first column list the source(s) of program income by grant year. In subsequent columns list the amount earned to date, the amount expended to date, and the amount of program income on hand. This information must be given separately for each prior Small Cities CDBG grant. The information supplied should be accurate as of the date that the application is submitted to DOH.

**Program Income Format (Exhibit 4.2)**

<b>Source(s) of Program Income</b>	<b>Amount of P.I. Earned to Date</b>	<b>Amount of P.I. Expended to Date</b>	<b>Amount of P.I. on Hand</b>
<i>Activity: SC-96 (example)</i>	<i>75,000</i>	<i>61,000</i>	<i>14,000</i>

**4.3 Multi-Unit Housing Projects (Exhibit 4.3)**

For all multi-unit (three or more units) housing projects that are managed by a non-profit or for-profit organization, please provide a copy of the most recent audited financial report or the financial statements on a compilation basis for the owner and housing project.

**4.4 Standard Projects: ADA, Rehab and New Construction**

**Site and Building Report** (form provided)

Submit form and all requested supporting documentation indicated in the Site and Building Report.

**4.4.A. Infrastructure Projects: Roads, Streets, Utilities, Walks, Parks, Landscaping**

Complete this section if your project is civil engineering, non-building/structure related. A Site & Building Report is not applicable.

- 1. Is any environmental remediation needed?  Y  N
- 2. Is the property adjacent to properties with environmental risks?  Y  N
- 3. How old is the road, street, walk, etc.?  <5yrs  5-10yrs  >10  N/A
- 4. When were the last repairs, improvements, or replacement work for the proposed site completed?  <5yrs  5-10yrs  >10yrs  N/A
- 5. Unusual Site Conditions: Check all that apply. **Submit supporting data** (map, etc.) for each item checked. Attach as 4.4EM  
 Sediment/Soil Erosion  Easements  Wetlands  Rock

- 6. **Submit a FEMA Flood Insurance Rate Map.** All maps must be at a scale to clearly identify the project area and surrounding neighborhood(s). Attach as 4.4FEMA.

Is any of the proposed work in a flood plain?  Y100  Y500  YFWay  N

If yes, have you started the Flood Plain Eval/Cert process?  Yes  No

If yes, what is the status? \_\_\_\_\_

- 7. **Submit Photographs.** A minimum of six (6) existing conditions (if applicable). Attach as 4.4XPICS.

- 8. Will the project expand existing public utilities?  Yes  No (e.g. Main sewer line or Main water line?)

**4.4.B. Coordination/Approvals/Clearances/Readiness to Proceed – (All Projects)**

Check (√) each required approval or permit that will need to be obtained for your activity.

**I. Approvals/Clearances:**

- Historic \_\_\_\_\_
- Zoning \_\_\_\_\_
- Planning \_\_\_\_\_
- Wetlands \_\_\_\_\_
- CHFA / LHA housing \_\_\_\_\_
- Easement \_\_\_\_\_

- Right of Ways (Utilities) \_\_\_\_\_
- Coastal Management \_\_\_\_\_
- Dept. of Environmental Protection \_\_\_\_\_
- Dept. of Public Health \_\_\_\_\_
- Dept. of Transportation \_\_\_\_\_
- HUD \_\_\_\_\_
- Other \_\_\_\_\_

**II.** For approvals/permits/clearances checked, please indicate date of approval or date of anticipated approval. Please submit/attach documentation for verification as Exhibit 4.4B.II.

**4.5 Construction Documents (All Projects)**

Please  check all that apply.

**A. Drawings Completion Level - Submit drawings as Exhibit 4.5A.**

None \_\_\_\_\_ Schematic \_\_\_\_\_ Design Development \_\_\_\_\_ Construction/Final \_\_\_\_\_

**B. Specifications Completion Level - Submit specifications as Exhibit 4.5B.**

None \_\_\_\_\_ Outline \_\_\_\_\_ Developmental \_\_\_\_\_ Final/Bid Package \_\_\_\_\_

**C. Time needed for Completion of Drawings & Specifications (Final Bid Set)**

0 mos \_\_\_\_\_ 1-3 mos \_\_\_\_\_ 3-6 mos \_\_\_\_\_ >6 mos \_\_\_\_\_

**D. Length of Construction Period:**

< 6 mos. \_\_\_ 6–9 mos. \_\_\_ 9–12 mos. \_\_\_ 12–15 mos \_\_\_ 15–18 mos \_\_\_ >18 mos. \_\_\_

**E. Estimated Time for Non-Local Building Permits, Approvals, and Clearances from Date of Small Cities CDBG Application Submission**

<1 mos \_\_\_\_\_ 1-3 mos \_\_\_\_\_ 3-6 mos \_\_\_\_\_ >6 mos \_\_\_\_\_

**F. Construction Cost Estimate -**

Please see Application Exhibits for form and submit as **Exhibit 4.5F.**

**G. Construction Procurement Plan - Submit as Exhibit 4.5G.**

Please attach a narrative description of the process that will be used for the selection of the (construction professionals) contractor, project manager, technical specialist, etc.

**H. Construction Drawings & Specifications Compliance Certification**

Please see Application Exhibits for Form and submit as **Exhibit 4.5H.**

**I. Not Applicable**

**J. Project Development Budget**

Please see Application Exhibits for form and submit as **Exhibit 4.5J.**

**4.6 Sustainable Features and Design (All Projects)**

List the features and products you intend to use from categories a-e below that qualify as a sustainable/green standard.

The total score will be determined by the items you specify for each category (a-e).

\*Infrastructure Projects d and e only.

- a. Energy Star Design Features and Products. Attach as 4.6a.
- b. Alternative Energy Sources. Attach as 4.6b.
- c. Water conservation measures. Attach as 4.6c.
- d. \*Good Storm-Water Management Techniques. Attach as 4.6d.
- e. \*Other sustainable/green products, practices relevant to project. Attach as 4.6e.

Make sure that the features and products are ultimately included in your construction specifications document (Exhibit 4.5B). Include the construction specifications document page number for the feature or product listed in Exhibit 4.6.

## OR

If you have proof of LEED or equivalent green building/planning registration/certification (minimum of silver certification), provide it for maximum points in this category and omit a-e. Submit as Exhibit 4.6.

### 4.7 **RESIDENTIAL REHABILITATION PROGRAMS**

Each of the processes in factors A – M must be addressed.

#### **A. Procurement Process:**

Narrative  
Town's Procurement Policy. Exhibit 4.7A.

#### **B. Building/Site Evaluation Process:**

Narrative  
Initial Inspection Form. Exhibit 4.7B.

#### **C. Hazardous Material Notification Process:**

Narrative  
Standard Hazardous Material Notification Letter/Document. Exhibit 4.7C.

#### **D. Construction Monitoring Process:**

Narrative  
Progress Inspection Form. Exhibit 4.7 D.

#### **E. Approval/Permitting Process:**

Narrative. Exhibit 4.7E.

#### **F. Typical Project Schedule**

Steps for a typical project once an applicant has been selected/notified. Exhibit 4.7F.

**G. 75% Rule/Walk-Away Compliance Certification** (Form provided). Exhibit 4.7G.

**H. Rehabilitation Standards/Asbestos/Lead Compliance Certification**  
Certification Form Provided. Exhibit 4.7H.

**I. Not Applicable**

**J. Program Development Budget & Cost Estimating Form**

Program Development Budget Form Provided. Exhibit 4.7J.

Submit the cost estimating form that you use for your projects. Attach as Exhibit 4.7J-1 (Signature line for cost estimator must be included on the form).

**K. Pre-Construction**

Submit the Pre-Construction Meeting Form that you use for your projects.

Signatures lines for owner, contractor, and town representative (project manager) must be included on the form. Attach as Exhibit 4.7K.

**L. Walk-Away Policy**

Submit a copy of your residential rehabilitation program walk away policy. Attach as Exhibit 4.7L.

**M. Energy Star/Sustainable/Green/Eco-Friendly Products, Recycling/Salvage**

Provide a list with specifications for:

1. Energy Star Products that you specify and use for your rehab program.
2. Sustainable Green Products that you specify and use for your rehab program.
3. Construction debris that you recycle/salvage.

Attach as Exhibit 4.7M.

## **5. Community Impact**

### **5.1a Community Impact Map**

This map should highlight major housing patterns, transportation, relevant services, significant community facilities, and the locations of substantial public and private investment as well as any other features relevant to demonstrating community impact. (Attach as Exhibit 5.1a)

### **5.1b Map Narrative**

Highlight important features represented on the map and address the points listed in the Handbook. (Attach as Exhibit 5.1b)

### **5.1c Census Tract Data** (Attach as Exhibit 5.1c)

Refer to Handbook for the type of data required.

**5.1d Does the community have an approved Community Revitalization**

**Strategy (CRS)?** (For more detail, refer to DOH’s current approved Action Plan at <http://www.ct.gov/doh/cwp/view.asp?a=4513&q=530462>.  **YES**  **NO**

**Is this application activity part of the community’s CRS?**  **YES**  **NO**

**5.2 Community Support**

Are there letters of support from any of those who provide or represent those who provide and receive services in the project area? List and attach letters as Exhibit 5.2.

Name of Group/Organization	Contact Person
_____	_____
_____	_____
_____	_____
_____	_____

**5.3 Answer only if this is a housing project**

**Housing Activities:**

a. Any displacement anticipated \_\_\_Yes \_\_\_No

b. 1 for 1 Replacement \_\_\_Yes \_\_\_No

c. If this is a first time home ownership program, will a training program be required?  
 **YES**  **NO**

Number of Hours: \_\_\_\_\_

Description: \_\_\_\_\_

**Note: DOH recommends that each applicant seeking a grant for a homeownership activity include the requirement that each first-time homeowner attend an 8-hour homebuyer training course through existing non-profit trainers.**

**5.4 Affordability of Rental and Homeowner Rehabilitation**

Provide a sample landlord-tenant agreement indicating the 5-year minimum Fair Market Rents (FMR) affordability period. Each completed residential rehabilitation project file must have a signed copy of the landlord-tenant agreement (if applicable).

**Method of Affordability**

Deed Restriction  Ground Lease  Land Trust

Restrictive Covenant  Other (specify)

Note: DOH requires using the following affordability and use restrictions:

Up to \$5,000 per unit	5 years
\$5,001-\$25,000 per unit	10 years

Over \$25,001 per unit

15 years

**5.5 Resident Participation**

How does this project promote resident participation? If a housing authority activity, does it have a Resident Participation Plan?

Explain briefly and include Plan, if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Fair Housing and Equal Opportunity

### 6.1 & 6.2 For All Applicants

#### 6.1 Fair Housing Action Plan

Provide a copy of the town's Fair Housing Action Plan that was developed or updated within the last three years and is consistent with the requirements of the "Fair Housing Action Plan Guidelines and Implementation Steps to Address Impediments Identified at the Local Level" dated January 13, 2016, which can be found in Exhibit 6.1 "Fair Housing Action Plan and Resources" (refer to Handbook). The Fair Housing Action Plan must mirror the form included in Exhibit 6.1 and must include the "Fair Housing Action Plan - Calculation Forms". The Fair Housing Action Plan must be signed and dated by the current administrator of the town. **The Fair Housing Action Plan is a threshold requirement, and applications will not be rated without it. ~~No points will be awarded without both the Fair Housing Action Plan on the correct form and the "Income Needed for Housing" calculation forms.~~**

#### 6.2 Section 3 Plan

Provide a copy of the town's Section 3 Plan for this grant that is signed and dated by the current administrator of the town or municipality. For the form to be deemed complete, you must include **locally written** procedures to carry out good faith efforts to attract Section 3 residents and contractors.

### 6.3 – 6.5 Complete If Past Grantee Only

#### 6.3 Local Fair Housing Action Steps

Identify any Local Fair Housing Action Steps that have been completed or are in the process of being completed within the last 3 years. **(See Instructions for definition of "in process")**. Your description should identify all activities and tasks that have been performed and by whom. Include the person's name and official position in the implementation of each action step. Complete a Fair Housing Action Plan Schedule form and attach as Exhibit 6.3. **Attach documentation to verify the action steps taken or in process. No points will be awarded unless the action step number is listed on each piece of documentation that verifies the particular action step for which you are trying to receive credit.**

### 6.4 Past Performance – Section 3

Document the number of opportunities awarded to Section 3 contractors or residents over the past 3 years that comply with training, employment and contracting provisions of Section 3 of the Housing and Urban Development Act of 1968, as amended. The chart for Goals should reflect the town’s active Section 3 Plan. The Accomplishments of those Goals must be reflected in the chart for Accomplishments. Provide supporting documentation of your Accomplishments (e.g., Form HUD-60002, Section 3 self-certifications, etc.).

**Goals:**

YEAR	# of Proposed Contracts	Dollar Amount	Training/Hiring

**Accomplishments:**

YEAR	# of Actual Contracts	Dollar Amount	Training/Hiring

### 6.5 Section 3 – Good Faith Efforts

Indicate the town’s good faith efforts to comply with Section 3. Check all that apply and supply supporting documentation for each:

- Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contacts with community development programs, to the greatest extent feasible, toward low and very low-income persons, particularly those who are recipients of government assistance for housing
- Participated in a HUD program or other program, which promotes the training or employment of Section 3 residents
- Participated in a HUD program or other program, which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns
- Coordinated with Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located
- Others \_\_\_\_\_  
\_\_\_\_\_

**6.6 Past Performance-Set-Aside**

Enter the number of contractor and subcontractor awards made to certified small, minority and women’s business enterprises over the past 3 years, as required by 24 CFR Section 85.36(e) and Section 4a-60g of the Connecticut General Statutes.

YEAR	# of Contracts	MBE	SBE	WBE	Dollar Amount

For the contracts and subcontracts awarded to small businesses and minority- and women-owned businesses which you have claimed to have utilized above, provide supporting documentation to verify that the firms were (1) actually used and (2) were certified.

Indicate the town’s good faith efforts to comply. Check all that apply:

- Attempted to recruit small and minority firms and women’s business enterprise through: local advertising media, signs prominently displayed at the project site, and contacts with community development programs.
- Contacted the Department of Administrative Services, Office of Supplier Diversity, who maintains a list of certified small and minority business enterprises, which is available online.
- Create and maintain solicitation list and uses list to contact potential contractors.
- Other \_\_\_\_\_

**6.7 – 6.10 Complete If New Grantee Only**

**6.7 New Grantee**

Is the town a new Small Cities CDBG grantee? A new grantee is defined as a town that has not **received** a Small Cities CDBG grant over the past 3 consecutive years.

- YES       NO

**6.8 Past Fair Housing Initiatives** – complete only if new grantee

Identify projects, initiatives, and/or actions that the town has taken or are in progress (**See Instructions for definition of “in progress”**) in the past 3 years to promote the principles of fair housing. Your description should identify all activities and tasks that have been performed and by whom (include the person’s name and official position) in the implementation of each action step. Complete a Fair Housing Action Plan Schedule form and include documentation to verify the action steps taken or in progress.

**6.9 Section 504/ADA Notices** – complete only if new grantee

1. Submit a copy of the town’s Section 504/ADA Notice established to meet the requirements of Title II of the Americans’ With Disabilities Act of 1990, as amended to date. Please provide a copy that is signed and dated by the current administrator of the town or municipality and attach as Exhibit 6.9-1.
2. Submit a copy of the town’s Section 504/ADA Grievance Procedure established to meet the requirements of Title II of the Americans’ with Disabilities Act of 1990, as amended to date. Please provide a copy on the town’s letterhead that is signed and dated by the current administrator of the town or municipality.

**6.10 Section 504/ADA Self-Evaluation and Transition Plan** – complete only if new grantee

1. Has the town completed or updated a Section 504/ADA Self Evaluation for all of its facilities within the past 3 years?

YES       NO

If yes, provide a signed and dated copy.

2. Has the town completed or updated a Section 504/ADA Self Evaluation for all of its rules, policies and programs within the past 3 years?

YES       NO

If yes, provide a signed and dated copy.

3. Has the town completed or updated a Section 504/ADA Transition Plan for its facilities and its programs within the past 3 years?

YES       NO

If yes, provide a signed and dated copy.

**7 Consistency with Connecticut's Consolidated Plan**

The State of Connecticut 2015-2019 Consolidated Plan for Housing and Community Development assesses and identifies areas of need within the state and 12 goals set by the state to address those needs. Please refer to the Needs Assessment and the Goals, Objectives, Priorities and Measures sections of the 2015-2019 Consolidated Plan when completing the following section. \*\* The 2015-2019 Consolidated Plan can be found on DOH's website at <http://www.ct.gov/doh/cwp/view.asp?a=4513&q=530462>.

**Need Addressed:**

\_\_\_\_\_

**Goal Addressed:**

\_\_\_\_\_

**Goal Sub-Category Addressed:**

\_\_\_\_\_

**Objective Addressed:**

\_\_\_\_\_

**Targeted Population Addressed:**

\_\_\_\_\_

**Geographic Target Addressed:**

\_\_\_\_\_

**Describe how the program/project is consistent with the State's Consolidated Plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. DOH Training**

List the DOH training(s) attended by town staff that will work on the proposed project within the past year.

Name of town staff member \_\_\_\_\_

Title \_\_\_\_\_

Training(s) Attended \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_