

CITY OF NORWICH
COMMUNITY DEVELOPMENT BLOCK GRANT • APPLICATION FOR FUNDING
PUBLIC SERVICES

PROGRAM YEAR 2022 (PY 48) • SEPTEMBER 1, 2022 – AUGUST 31, 2023

DUE: THURSDAY FEBRUARY 10, 2022 AT 4 PM AT 23 UNION STREET, NORWICH, 2ND FLOOR

Office of Community Development
23 Union Street, 2nd floor • Tel (860) 823-3770 • Fax (860) 823-3715

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PART I: GENERAL INFORMATION

AGENCY: Norwich Community Care Team

LEGAL NAME
(if different from Agency) City of Norwich, Human Services Department

ADDRESS: 100 Broadway
Norwich, CT 06360

E-MAIL: tbooker@cityofnorwich.org

EXECUTIVE DIRECTOR: _____

CONTACT NAME AND TITLE: Tara Booker, Director of Human Services

TELEPHONE: 860-823-3778

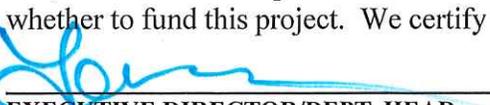
AGENCY FISCAL YEAR: 7/1/2022 6/30/2023
Begin **End**

PROGRAM OR PROJECT NAME: Rapid Re-Housing and Shelter Diversion

CDBG REQUEST & AWARD AMOUNTS:

	REQUEST	AWARD
UPCOMING FISCAL YEAR (This Request) (September 1, 2022 – August 31, 2023)	\$ <u>15,000</u>	\$ _____
CURRENT FISCAL YEAR (Prior Year Award) (September 1, 2021 – August 31, 2022)	\$ <u>15,000</u>	\$ <u>15,000</u>

The information contained herein and attached as exhibits hereto is, to the best of our knowledge and belief, true, correct and complete and that the City of Norwich can rely upon these statements in determining whether to fund this project. We certify that the Agency Board of Directors has approved this application.



EXECUTIVE DIRECTOR/DEPT. HEAD

Tara Booker

Printed Name

2/09/2022

DATE

PRESIDENT, BOARD OF DIRECTORS

Printed Name

DATE

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6. **Part VI**, Attachments
 - a. Outcome Table
 - b. Section 3 Affidavit

TOTAL number of pages including Cover Sheet and Table of Contents: 18

Part II

A. INTRODUCTION/AGENCY INFORMATION

A1. Brief History:

The Norwich Community Care Team (CCT) is a group of committed health and human service agencies, businesses, and clergy that came together in 1998 to address the issue of homelessness in Norwich. This group was visionary and ahead of it's time in implementing best practice systems to address complex issues of chronic and long term homeless as now promoted by United States Interagency Council on Homelessness (USICH), Department of Housing and Urban Development (HUD), and the National Alliance to End Homelessness (NAEH). It is recognized as a model for ending homelessness in the Southeastern CT Ten Year Plan to End Homelessness and has received numerous awards for it's work including the Change Award from the CT Coalition to End Homelessness (CCEH) and the Backus Hospital President's Award.

Our mission remains to work collaboratively to find solutions for the City's most vulnerable single adult population who experience homelessness. Our goal is to first address safety and ensure they are sheltered, but permanent housing is the ultimate goal. Studies show that the average life expectancy of people who experience homelessness is almost 20 years lower than housed populations, one of the key reasons the Community Care Team's work is so critical.

The CCT meets weekly to review those experiencing homelessness in our community and to collaborate on a plan for each individual. The steering committee meets monthly.

A2. Hours of Operation:

The CCT operates out of Norwich Human Services, its fiduciary, and maintains the hours of Monday to Friday 8:30 am to 4:30 pm. The Director responds to situations outside the standard hours in collaboration with CCT partners to address critical and urgent needs that arise.

A3. Number of Employees:

The CCT is a collaborative and has no employees. The Norwich Human Services, Adult Division who serves as agent for these funds and facilitator of the CCT has 7.

A4. Section 504 of Rehabilitation Act of 1973:

This is not applicable to CCT. For the City of Norwich, Brigid Marks, Director of Human Resources.

A5. More than \$500,000 Federal Funding:

The CCT does not. The City of Norwich does but not for the purpose of which these funds are being requested under this application.

B. STATEMENT OF NEED

B1. Define the Problem:

The City of Norwich has saved a great deal of money by discontinuing the operation of a shelter but there are still a number of people experiencing homelessness in Norwich with unique needs that make

traveling to Windham or New London for shelter a tremendous obstacle. For some, there are mental health issues that make congregate shelter not possible for them. Those folks, in the absence of a hotel, will stay outside, even in a blizzard. Funding through CDBG allows Norwich to be humane and considerate of the unique needs of some of its residents, and to meet its responsibility to the greater good of the community, and still be fiscally prudent. With the funds available to quickly house people, we shorten time in hotel or other shelter, and expedite the self-sufficiency for individuals and families.

CT is on a trajectory to end long-term homelessness and the CCT has been a pioneer in this area, exemplifying the success of a coordinated, team approach to this problem. To not receive this critical funding which serves as a key tool in ending homelessness, would be detrimental to our progress in achieving our goals specific to Norwich residents.

B2. Services Provided:

Norwich Human Services is the agency that all of the agencies in the CCT look to for financial assistance in addressing the housing crisis of individual adults experiencing homelessness in Norwich. Additionally, there are no shelters in Norwich and the Community Care Team, through Norwich Human Services, is the only available avenue to address challenges and unique needs that arise for sheltering in safety planning for our chronic and long-term homeless community members.

B3. Address the Needs of the Community:

This grant helps Norwich fulfill its responsibility to recognize and care for all of its citizens. It helps ensure equity for some of our most vulnerable community members and allows us to address specific needs. Addressing these needs help create healthy outcomes and enhance quality of life for the individuals, their families, and the greater community.

From a fiscal perspective, this grant provides significant cost savings to the City. It allows us to address shelter and safety needs while not having to operate a winter overflow shelter by the City. It also allows for re-housing and rapid exit of the instance of homelessness which is the solution to homelessness; housed people are not homeless. This is an additional savings for the City as unsheltered and unhoused individuals increase costs on local governments related to public safety, healthcare, commerce, and citizen concern.

B4. Waiting List: No, our program does not have a current waiting list for services.

C. PROGRAM DESCRIPTON

C1. General Description:

The program we are requesting funding for is a community collaborative that addresses the housing and safety needs of those experiencing homelessness in our city. While the people power is provided by an assortment of agencies and sources, this funding request provides the dollars for key essential service activities of rapid exit housing and safety.

C1a: Alignment with Consolidated Plan:

This CCT and its activities of meeting and planning, and services of shelter, housing, mental health, food, basic needs, align perfectly with the City of Norwich Consolidated Plan 2020-2024 as submitted to HUD.

Specifically, the activities submitted in this grant “address quality of life issues...encourages collaborations and fosters a sense of community.” It also “expands economic opportunities for low to moderate income residents” by addressing the basic need of housing. People can’t focus on employment, either securing jobs or maintaining them, when they don’t know where they are going to sleep at night, or shower, or dress for work when it is time to go.

The CCT itself, by nature of the collaboration aligns with the consolidated plan as this group meeting weekly, strengthens the community bond of the people and organizations involved and fosters a great sense of pride and contribution to making Norwich a great place to live.

C1b: Collaboration with other programs and organizations:

The CCT is a collaboration of community partners working together to address the needs of our most vulnerable community members and to solve homelessness. Our team includes representatives from St. Vincent de Paul Place, Reliance Health, TVCCA, Uncas Health, American Ambulance, the police department, and many other social service providers, churches, banks, business representatives, and more. This CCT program also works closely with the Norwich Works program to assist in skill building, training, and helping people obtain employment. The CCT is a key partner in the Eastern Coordinated Access Network (ECAN), Connecticut’s coordinated response to homelessness.

C1c: Link with Local and Regional Plans:

This program of the CCT is in alignment with the regional plan to end homelessness, the Partnership For Strong Communities plan to address homelessness in CT, and the Continuum of Care plans as submitted to HUD.

It also is in alignment with best practices for ending homelessness as noted by USICH, NAEH, and HUD and is in alignment with the Federal Strategic Plan to End Homelessness which can be found on the USICH website, usich.gov.

C1d: Partnerships created by this funding:

This funding allows us to work together on specific cases and programs, strengthening the partnerships of community agencies and public services. With all the partners at the same table, we are able to identify gaps in services and community needs readily, which creates an opportunity for new partnerships and collaborations as we seek funding and programs to fill the gaps.

Some examples of partnerships that have developed include connection to housing facilities such as Autumn Oak and Mohegan Commons. New relationships and partnerships have the ability to create ripple effects and open doors for other opportunities throughout the city to serve residents and enhance the quality of life and social and emotional well-being of all community members. This is exemplified in our partnership with Mohegan Commons which helped create a relationship that has allowed the Norwich Youth and Family division of Human Services to provide youth programming onsite to help them build critical skills in navigating life such as coping strategies. These programs are free to the youth and promote the emotional and social health and wellbeing of our youth- paving the way for a successful future. These ripple effect partnerships are critical to our future successes as a city.

C1e: New program or service: No, this is not a new program or service.

C2a: Location of services: Human Services office in City Hall.

C2b: Frequency of services: Case managers custom service plans to meet the individual needs of those being served so frequency varies. The Director of Human Services is reachable by cell phone 24/7 to respond to any urgent service needs.

C2c: Hours of operation: Our office hours are 8:30 am – 4:30 pm, Monday through Friday.

C2d: Anticipated number of persons from Norwich to be served: We anticipate serving 150 residents who will be screened and financially assisting 37 residents with these funds.

C2e: Hours of operation: Our office hours are 8:30 am – 4:30 pm, Monday through Friday.

C3 Percentage of requested funds used for administration and salaries/number of employees: There are no funds used for administrative costs or salaries; 100% of these grant funds go directly to assist residents.

C4 Theory of Change:

The CCT believes housing is a basic human right. By focusing on housing our homeless residents, we are providing a better quality of life for the individuals but also for the community as a whole. Studies show that those that are exited from homelessness quickly, into their own homes, have better long term outcomes of stability, than those that spend time in shelters and transitional housing. When housed, people are better able to address their other needs and barriers such as mental health and employment. It is also less expensive to house someone versus shelter programs and transitional housing programs. (NAEH, USICH)

Inputs: Case managers from the CCT, weekly case management meetings to coordinate care, funding to divert and re-house people, NHS fiduciary support, apartments, rooms, friendly landlords.

Outputs: See below list of activities

Outcomes: 250 people will be screened for housing services, 50 of these folks will not truly need housing services. Out of those 200 who do need housing services, 50 will be from outside the Norwich area and ineligible for these funds. Of the 150 remaining persons, 65% will be diverted from shelter (97 people.) Some of those diverted will need funds from the grant in order to be diverted (bus ticket, rent payment, etc.) The remaining 35% (53 people) will be referred to shelter, however, all will not go. We anticipate helping 37 people with either funds to be diverted or to leave the shelter (\$15,000/\$400 average per person =37 people helped). The cost for achieving this will be significantly lower than the cost of sheltering people, which used to cost \$64,000 to operate a 5 month winter overflow shelter here in Norwich. People will begin to accept that shelter is only a very temporary solution to homelessness and that real changes happens when we house people permanently.

This change will occur by instituting the following activities:

Activity: Screen people for homeless services. The State of CT, and the country as a whole, is shifting to a coordinated access system for people to enter shelter and receive services. Norwich Human Services operates the CAN (coordinated access network) for the upper half of New London County. (Note: CDBG

funds are only spent on residents of Norwich who become homeless). People who are homeless, or who will be homeless within 7 days, call 211 Infoline. These folks' information is entered into the HMIS (homeless management information system) and are given an appointment for assessment at NHS (NHS also accepts walk-ins, who are then registered in HMIS).

When the person comes for their assessment, the case manager tries to divert the person from shelter. A series of questions are posed, getting the person to think through all their alternatives to shelter. They are also rated on a vulnerability scale by a tool called the VI-SPDAT. This tool is statistically valid and reliable and determines what type of resources would benefit the person most (permanent supportive housing, transitional, or rapid rehousing).

This activity will occur each business day of the year, from 8:30am to 4:30pm. We anticipate screening 250 people (of which 150 will be Norwich residents) for services.

Activity: Divert people from shelter services. For those people who are currently housed, we will strive to keep them there by mediating with the landlords and or families members to come up with viable options to keep the person housed. Sometimes this may necessitate paying of rent. Others, who are homeless, may need transportation to a family member who can help. Sometimes, we facilitate access to mental health or substance abuse treatment and often this is the first step to repairing relationships which can then lead to housing opportunities. . This will occur each business day of the year, at NHS, St Vincent de Paul's Place and Reliance House primarily, from 8:30am to 4:30pm. We anticipate diverting 97 people from shelter.

Activity: Refer those who require shelter to existing shelter beds and exit them quickly.

Available shelters for this population in our area are the Covenant Shelter, the New London Homeless Hospitality Center, Safe Futures Shelter, and the Willimantic No Freeze Shelter. Reliance Health Inc. also operates two apartments that they use to shelter people in an emergency basis. We would work with these area facilities to shelter Norwich people. This will occur each business day of the year, at NHS, St. Vincent de Paul's Place and Reliance Health primarily, from 8:30am to 4:30pm. We anticipate referring 53 people to shelter, however, experience shows that not all will present at the shelter door, having found other alternatives.

Activity: Rapidly re-house people in shelter. Through intense case management by the CCT, we will rapidly and actively re-house people. The fund will be able to pay first month's rent, and perhaps clear up an outstanding utility bill. For continued support with rent (not to exceed \$1000 per person over three months) the person must be actively engaged with their assigned case manager and working on their housing maintenance plan, as set by the CCT. Our Team will collaborate with local landlords to secure apartments and rooms for rents in advance. This will occur each business day of the year, at NHS, St Vincent de Paul's Place and Reliance House primarily, from 8:30am to 4:30pm. We anticipate re-housing/diverting 37 people.

Activity: Ensure that clients using the fund follow their housing maintenance plan. Every person receiving funds from this program will have a plan written which should show them how to maintain their housing. Each person will receive a case manager who will be responsible for ensuring that the plan is followed before any further funds are expended. Activities in the plan could include substance abuse

treatment, mental health counseling, employment and training opportunities, applying for social security benefits and or other supports as necessary

E. FUNDING QUESTIONS

E1: Leveraged funding: We expect to leverage \$5,000 from foundation sources to assist with costs to train residents; this amount has not been fully secured yet. We are also leveraging funds through the general fund budget to augment the Employment Specialist position.

E2: If we do not receive the funds requested from CDBG, we will have to reduce the amount of assistance that we offer and/or reduce the number of residents who can be served.

E3: With partial funding, we would reduce the number of people served and/or the amount of assistance that is offered.

F. OTHER

F1: Agencies with similar services: This is N/A

F2: Continuation of previously funded CDBG: Yes, this program is a continuation. We have are pursuing other funding through bank foundation applications this spring for \$5000 and we are enhancing this project with ARPA funds with \$50,000 over three years.

ADDRESSING THE NATIONAL OBJECTIVE

Does your program:

- Address the needs of low- and/or moderate-income residents (see income chart below)? AND/OR
- Serve seniors; severely disabled adults; homeless; battered spouses; abused/neglected children and youth; illiterate adults; migrant farm workers, persons living with HIV/AIDS and persons who use food banks or meals programs.

FY 2021 Income Limits Summary									
FY 2021 Income Limit Area	FY 2021 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
Norwich-New London, CT HUD Metro FMR Area	Very Low (50%) Income Limits (\$)	\$ 36,050	\$ 41,200	\$ 46,350	\$ 51,450	\$ 55,600	\$ 59,700	\$ 63,800	\$ 67,950
	Extremely Low Income Limits (\$)*	\$ 21,600	\$ 24,700	\$ 27,800	\$ 30,850	\$ 33,350	\$ 35,800	\$ 40,120	\$ 44,660
Median Family Income \$88,600	Low (80%) Income Limits (\$)	\$ 55,950	\$ 63,950	\$ 71,950	\$ 79,900	\$ 86,300	\$ 92,700	\$ 99,100	\$ 105,500

PROGRAM BENEFICIARY OUTCOME STATISTICS:

Attach additional sheets for every outcome related to the funded program

STAFFING RESOURCES: Identify every person involved in the implementation and administration of the program. Use the chart below and additional sheets if necessary. Please refer to page 15 regarding Section 3 to determine if you are or will be a Section 3 concern. If you are/will meet Section 3 criteria, it will be mandatory for you to complete the attached Section 3 documentation.

Position/Title	Salary Range	CDBG Portion of Salary	Full-Time or Part-Time?	Hired As a Result of Funding? (Y/N)
Director of Human Services	101,264	0	FT	N
Human Services Case Worker	65,270	0	FT	N
Human Services Case Worker	65,270	0	FT	N
Human Services Admin. Coord.	65,270	0	FT	N
CCT Community Partners	varies	0	varies	N

STAFFING RESOURCES CONTINUED

Position/Title	Salary Range	CDBG Portion of Salary	Full-Time or Part-Time?	Hired As a Result of Funding? (Y/N)
Human Services Case Worker	65,270.00	0	FT	N
Human Services Case Worker	65,270.00	0	FT	N

PART III: BUDGET INFORMATION

A. AGENCY FINANCIAL DATA

SUPPORT & REVENUE	Current	Anticipated
	FY 21-22	FY 22-23
Program Fees	\$	\$
Other Grants including foundations	\$5,000	\$5,000
Donations		
CDBG	\$15,000	\$15,000
General Fund		
State & Federal Grants		
Other Revenue (specify)		
TOTAL REVENUE	\$20,000	\$20,000

EXPENSES	Current	Anticipated
	FY 21-22	FY 22-23
Salaries	\$	\$
Employee Benefits		
Payroll Taxes		
Professional Fees & Services		
Operations/Phones/Postage		
Insurance		
Equipment Rental, Maintenance & Acquisition		
Printing & Publication		
Travel/Conferences/Conventions		
Legal Fees		
Vehicle Lease/Repair		
Other Expenses (specify	\$20,000	\$20,000
hotel/motel, rental assistance, move-in assistance,		
basic needs.		
TOTAL EXPENSES		
BALANCE (TOTAL REVENUE LESS EXPENSES)		
	\$ 0	\$ 0

B. PROGRAM SPECIFIC FINANCIAL DATA

SUPPORT & REVENUE	CDBG-Funded Portion	Non-CDBG Funded Portion	% of CDBG Funds used for Program
Program Fees			
Other grants/foundations (non-government)			
Donations		\$5,000	
CDBG	\$15,000		
General Fund			
State Government			
Federal Government		50,000	
Other Revenue (specify)			
TOTAL REVENUE	\$15,000	\$55,000	27%
EXPENSES	CDBG-Funded Portion	Non-CDBG Funded Portion	% of CDBG Funds used for Program
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Services (incl. accounts and attorneys)			
General Operations & Supplies (incl. Overhead and Printing)			
Travel / Conferences			
Vehicle Expense			
Other Expenses (specify)			
Hotel/motel, rental assistance, move-in assistance, basic needs	\$15,000	\$55,000	27%
TOTAL EXPENSES			
BALANCE (total revenue less expenses)	0	0	

PART IV: SUPPLEMENTAL INFORMATION: All agencies (except City of Norwich Agencies) must submit all of the following documentation with their application whether or not you have previously received CDBG funds through the City of Norwich.

EXHIBIT 1 Financial Statement and Audit

Describe the agency's fiscal management including disbursement methods, financial reporting, record keeping, accounting principles/procedures and audit requirements. Include a copy of the agency's last completed audit.

- EXHIBIT 2 Insurance/Bond/Worker's Compensation
- State whether or not the agency has liability insurance coverage, in what amount and with what insuring agency.
 - State whether or not the agency pays all payroll taxes and worker's compensation as required by Federal and State Law.
 - State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount and with what insuring agency.
 - Provide a copy of your current insurance certificate, NOT YOUR POLICY.

- EXHIBIT 3 Non-profit Determination
Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service.

- EXHIBIT 4 List of Board of Directors
A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member; and must identify the principal officers of the governing body.

- EXHIBIT 5 Organizational Chart
An organizational chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure and which identifies any staff positions of shared responsibility.

- EXHIBIT 6 Resumes of Chief Program Administrator and Chief Fiscal Officer

- EXHIBIT 7 Conflict of Interest Disclosure
Form attached.

PART V: CONFLICT OF INTEREST QUESTIONNAIRE

**COMMUNITY DEVELOPMENT BLOCK GRANT
CITY OF NORWICH, CONNECTICUT**

**APPLICANT CONFLICT OF INTEREST QUESTIONNAIRE
2022-2023 PROGRAM YEAR**

Federal, State, and City law prohibits employees and public officials of the City of Norwich from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who is or has/have been within one year of the date of this questionnaire (a) a City employee or consultant, or (b) a City Council member, or (c) a member of the Community Development Advisory Committee (CDAC) member? Yes No

If yes, please list the name(s) and information requested below:

Name of person	Job Title of person	Indicate City employee, consultant, City Council member, CDAC member or other official (named)
Please see attachment	titled Conflict of Interest	

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, City Council person or Community Development Advisory Committee member? Yes No

If yes, please list the name(s) and information requested below:

Name of person	Job Title of person	Indicate City employee, consultant, City Council member, CDAC member or other official (named)

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, City Council person, Community Development Advisory Committee member? Yes No

If yes, please identify below the City employee, consultant, or Council member with whom each individual has family or business ties.

CONFLICT OF INTEREST

Name of Person	Job Title of Person	Interest
Tara Booker	Director of Human Services	City employee
Hallie Axtell	Case Manager	City employee
Sydney Phelps	Case Manager	City employee
Heydi Mercedes	Case Manager	City employee
Mikhail Liachenko	Case Manager	City employee
Cynthia Rios	Administrative Coordinator	City employee

Name of member	Name of City employee, Consultant, City Council member, CDAC member or other official (named)	Indicate type of tie (Family or Business)	If family, indicate relationship

4. Have you read and understood the HUD regulation regarding conflict of interest, 24 CFR 570.611 (attached)?

Name of Applicant: NHS on behalf of Community Care Team

Signature of Applicant's Representative 

Title Director of Human Services Date 2/9/2022

**HUD REGULATION REGARDING CONFLICT OF INTEREST
(NOT REQUIRED TO BE SUBMITTED WITH APPLICATION)**

24 CFR § 570.611 Conflict of interest

(a) Applicability. (1) In the procurement of supplies, equipment, construction, and services by recipients and by sub recipients, the conflict of interest provisions in 24 CFR 85.36 and 24 CFR 84.42, respectively, shall apply. (2) In all cases not governed by 24 CFR 85.36 and 84.42, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to Sec. 570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to Sec. 570.203, 570.204, 570.455, or 570.703(i)).

(b) Conflicts prohibited. The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year

	<u>2020- Actual</u>	<u>Estimated 2021 grant still in progress</u>	<u>2022 Anticipated</u>	
OUTCOME: People ARE DIVERTED FROM SHELTERS				
<i>Interim Outcome: Sheltered people are case managed and a housing plan is developed</i>				
Total Number of Participants:	129	273	250	
Total Number of Participants Achieving Outcome:	129	273	250	
Percent Who Achieved Outcome:	100.00%	100.00%	100%	
<i>Interim Outcome: People are referred to shelter</i>				
Total Number of Participants:	129	21	70	
Total Number of Participants Achieving Outcome:	129	21	70	
Percent Who Achieved Outcome:	100.00%	100.00%	100	
<i>Short Term Outcome: People are eligible for diversion funds</i>				
Total Number of Participants:	25	21	30	
Total Number of Participants Achieving Outcome:	25	21	30	
Percent Who Achieved Outcome:	100.00%	100.00%	100	
<i>Interim Outcome: People participate in case plans and are offered rapid re-housing</i>				
Total Number of Participants:	11	18	7	Start
Total Participants that are Norwich Residents:	11	18	7	
Total Number of Participants Achieving Outcome:	11	18	7	
Percent Who Achieved Outcome:	100.00%	100.00%	100	
OUTCOME; HOMELESS PEOPLE ARE RAPIDLY RE-HOUSED FROM SHELTER				
<i>Long Term Outcome: People obtain housing and are monitored</i>				
Total Number of Participants:	11	15	37	
Total Participants that are Norwich Residents:	11	15	37	
Total Number of Participants Achieving Outcome:	11	15	37	
Percent Who Achieved Outcome:	100%	100%	100	
<i>Interim Outcome: People are screened for housing services and are assigned a case manager</i>				
Total Number of Participants:	345	338	250	
Total Participants that are Norwich Residents:	258	197	150	
Total Number of Participants Achieving Outcome:	258	197	150	
Percent Who Achieved Outcome:	100.00%	100.00%	100	