

COMMUNITY DEVELOPMENT BLOCK GRANT • APPLICATION FOR FUNDING
PUBLIC SERVICES

PROGRAM YEAR 2021 (PY 47) • SEPTEMBER 1, 2021– AUGUST 31, 2022

DUE: Wednesday, February 17, 2021 AT 4 PM AT 23 UNION STREET, NORWICH, 2ND FLOOR

Office of Community Development

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PART I: GENERAL INFORMATION

AGENCY: Norwich Community Care Team

LEGAL NAME
(if different from Agency) _____

ADDRESS: c/o Norwich Human Services

E-MAIL: Lee-Ann Gomes
lgomes@cityofnorwich.org

EXECUTIVE DIRECTOR: Lee-Ann Gomes

CONTACT NAME AND TITLE: Lee-Ann Gomes, Director

TELEPHONE: 860-823-3778

AGENCY FISCAL YEAR: 7/1/2020 6/30/2021
Begin End

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

CDBG REQUEST & AWARD AMOUNTS:

	REQUEST	AWARD
UPCOMING FISCAL YEAR 2021: (September 1, 2021 - August 31, 2022)	<u>\$15,000</u>	<u>\$</u>
CURRENT FISCAL YEAR 2020: (September 1, 2020 – August 31, 2021)	<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

PRESIDENT, BOARD OF DIRECTORS

Lee-Ann Gomes
Printed Name

Printed Name

PART II: PROGRAM INFORMATION

Please create a new document answering the following questions (A thru F). In this new document, please utilize the section headers and the corresponding number to write your narrative. For example, when addressing section A1, please write: A1: Brief History, and then provide the response. You must answer all questions. If a question does not apply to your agency, please respond with "not applicable".

A. INTRODUCTION/AGENCY INFORMATION

1. Brief history of your organization, including its mission, structure and membership
In 1998, a group of committed health and human service agencies, businesses and clergy band together to address the issue of homelessness and the Norwich Community Care Team (CCT) was established. The Team focuses on chronically homeless adults. It is acknowledged that no one agency can solve this issue alone. During our years of operation we have strengthened our linkages with the hospitals, primary care physicians, outreach workers, the police and courts to ensure a smooth delivery of services to this population. Through the use of our universal release of information, which our clients sign, we are able to openly discuss the people who we serve and break silos within the community resulting in better outcomes for people. One of our main accomplishments to date was the creation of the Hospitality Center, a winter overflow shelter. We operated this shelter for ten years but were able to close it as we were very successful in avoiding homelessness and in re-housing people quickly.

Our mission is to work collaboratively to find solutions for the City's most chronically homeless, single adult population. Our goal is to ensure people are sheltered in a safe manner, but that ultimately they are permanently housed. We do this by having clients address their barriers to housing, accessing rapid re-housing dollars and shelter diversion assistance, connecting people to employment or benefit assistance and by connecting people to housing opportunities. We accomplish this through the use of intense case management, provided by our partner agencies.

The CCT meets monthly as a whole and, a smaller sub-group of case managers meet weekly, to review and plan for specific people who are experiencing homelessness. The CCT is recognized as a model for ending homelessness in the Southeastern CT Ten Year Plan to End Homelessness. We have received several awards as a result of our work, including the Backus Hospital President's Award, the Community Service Award from the NAACP and the Change Award from CT Coalition to End Homelessness. We have a very high rate of success in housing the people that we serve.

2. What are the hours of operation for your agency? The CCT operates out of Norwich Human Services, its fiduciary. Hours are Monday to Friday 8:30am to 4:30pm
3. What is the total number of persons employed by your agency? There are 0 employees of the Community Care Team. All staff is hired by another agency and simply participate on the CCT.
4. If there are 15 or more employees at your agency, please provide the name of the person responsible for compliance with Section 504 of Rehabilitation Act of 1973 - Nondiscrimination under Federal Programs. Not applicable.
5. Do you receive more than \$500,000 of Federal Funding through any means, including grants and loans? No, we do not.

B. STATEMENT OF NEED

1. Define the problem or need to be addressed through your program and provide evidence to support the need as well as citing resources for verification of any statistical information provided.

“Jen, Jim and Jan” were camping outside at Maplewood Cemetery in the winter, rather than enter a shelter. They were refusing services stating that the cemetery owner had given them permission to be there. NHS called the owner, who did not want to appear unsympathetic by insisting that they leave. We were able to convince him that if he did so we would have the resources to house them. He gently gave them a date by which they had to vacate the property and we were able to use funding from this grant to get them into housing. They are also now engaged with case management and receiving the mental health services that will lead to long-term recovery.

“Dan” has mental health problems that are exacerbated when he is around others. This prevents him from being able to be housed in a typical shelter. He had been living on the streets and continued to do so until the first snow fall. We were able to use funding from this grant to pay the first month’s rent for a sober house, where he had his own room. After being there for 2 weeks, the owner offered him a job doing maintenance for the properties he owned. Dan is now able to pay his weekly rent of \$125 per month.

These are examples of how the Rapid Rehousing and Shelter Diversion grant can assist Norwich with the issues of homelessness without running a shelter.

Norwich has intentionally decided not to operate a winter overflow shelter and the way to solve homelessness is by housing people and not by increasing shelter beds. This grant is instrumental in Norwich addressing homelessness in the community while not abdicating our responsibility to the region.. This investment in rapid re-housing and shelter diversion is paying off, at a lower cost than operating more shelter beds. Not continuing this effort will have a detrimental impact on the progress we have made to make homelessness rare, brief and non-recurring. For this current grant year, we can demonstrate that for, on average, \$368.21/person, we can divert or rapidly re-house a resident at a significant savings verses sheltering them.

CT is on a trajectory to end long-term homeless.¹The Point in Time Count (PIT) is a snapshot of how many people in our community are unsheltered, and sheltered. The 2019 PIT showed that for the Norwich-New London area total people sheltered and unsheltered has decreased by 12%.²

Ending homelessness seems like an impossible feat, and yet the new strategies of coordinated access, housing placement teams, rapid re-housing and shelter diversion have make significant reductions in people experiencing homelessness. Ending homelessness does not mean that people will never experience a crisis in which they lose their housing. It means that if this situation occurs, the episode will be brief and non-recurring.

CT and Norwich has used a coordinate access network (CAN) to shelter and resources system to assist homeless people for the last four years. CAN means that anyone experiencing homeless is referred to a “front door”. Their access to services is coordinated at this “door”. People call 211 United Way Infoline and are referred to Norwich Human Services if they reside in the upper half of NL County. They are screened by a trained social worker for services. NHS partners with Reliance Health, TVCCA and St. Vincent de Paul Place for intake assessments. The worker tries diligently to divert the person from shelter by investigating all other housing possibilities. (Please note that all CDBG funds given to NHS are only expended on residents of Norwich; other people requiring funds are referred to pots of money from their

¹ CCEH <http://www.cceh.org/provider-resources/rapid-rehousing/>

² CCEH PIT Count data

communities). If the person cannot be diverted, they are referred to shelter, and, with the assistance of rapid re-housing dollars, people are now exited from shelter quicker.

Because all people who enter shelter are entered into a statewide homeless data management system, CCEH can track people returning to shelter and have confidence in these figures.

In Norwich, 47% of residents are housing burdened, paying more than 30% of their income for housing.³ Norwich has a large low-income population (14% experiencing poverty and another 40% not being able to afford to live in the town, despite working)⁴ and many households are housing burdened.⁵ The ConPlan states, "The largest housing problem in the City of Norwich is the housing cost burden of renters and owners with incomes less than 30% of area median income".⁶ Many people fall in and out of housing. Sheltering them and not addressing homelessness quickly leads to increased costs in other areas, such as emergency services, hospitals, treatment, jail, etc.⁷

Eight years ago, as the costs of operating the shelter were increasing and the numbers being served were decreasing, Norwich closed its shelter. We were able to do this by converting shelter dollars to rapid re-housing and diversion funds. This has enabled us to fulfil our obligation to provide for the homeless while coordinating with the region. This benefits the people experiencing homelessness, and our community.

2. Are the services you provide offered by other agencies serving Norwich? If yes, please explain uniqueness. No. Norwich Human Services is the agency that all the other agencies in our CCT go to for financial assistance with housing Norwich residents. Because we facilitate the team meetings and act as the convener for the team, it is easier if the funds are centralized as well.

3. Describe how the program will address the needs of the community and help solve the need.
This grant helps Norwich fulfil its responsibility to the community and the region to assist in taking care of its homeless residents. It allows Norwich not to operate a winter overflow shelter. Best practice is to reduce the number of shelter beds while increasing efforts to keep people out of shelter. Although Norwich still has homeless people, as this is not a static group of folks, this grant helps us not to abdicate our responsibility for serving this population.

4. Does your program have a waiting list? If yes, how many people are on the waiting list? There is no current waiting list for services.

C. PROGRAM DESCRIPTION

1. Provide a general description of the program for which you are requesting funding by identifying the specific activities and/or services provided. Please remember to:
 - a. Explain how this program aligns with the 5-year Consolidated Plan (see www.norwichct.org).

The ConPlan emphasizes addressing quality of life issues through collaboration. This program aligns with the 5-year Consolidated Plan in that way. For 22 years, the CCT has collaborated to find ways in which to house our most chronically homeless single adult

³ http://www.unitedwayalice.org/documents/16UW%20ALICE%20ReportUpdate_CT_lowres_9.23.16.pdf

⁴ https://alice.ctunitedway.org/meet_alice/uwsect/

⁵ http://www.unitedwayalice.org/documents/16UW%20ALICE%20ReportUpdate_CT_lowres_9.23.16.pdf

⁶ City of Norwich, Five Year Consolidated Plan, 2015-2019, p. 32

⁷ CCEH <http://www.cceh.org/provider-resources/rapid-rehousing>

residents. Our broad-based team includes people from the police department, the soup kitchen, health and human service agencies, city and state government. The Community Care Team model, created by Norwich, is touted as a best practice in the Ten Year Plan to End Homelessness and is being replicated throughout CT.

The ConPlan strives to increase self-sufficiency and stabilize residents. First, we try to divert people who are housed from needing shelter by assisting with rent owed or by immediately placing someone into a housing unit. This approach not only stabilizes the resident but also works to stabilize landlords. By assisting people with maintaining their current rental situation we help landlords to avoid tenant turnover and costly evictions. We engage people in plans and services that lead to these two goals. Addressing their substance abuse or mental health issues stabilizes people. Housing people is a great source of stabilization and indicator that someone is becoming more self-reliant. Through our efforts in helping disabled people gain a source of income (SSI) and in helping employable people in gaining work we stabilize the income of residents, which also facilitates them being housed.

Another goal of the ConPlan is to foster a sense of community on a city-wide scale. The CCT collaborates with churches and civic organizations. A lot of pride is generated in being able to serve those less fortunate in our community. Churches, banks, and civic groups work with us to end homelessness. For the last several years, NFA has had a camp-out in the colder months to simulate what it feels like to not have shelter. This is a fund raising event that raises awareness amongst our youth. The funds go directly to house people in our community who are homeless.

- b. Describe how this program collaborates with other programs and organizations.
The Community Care Team is a city-wide collaboration of health, human service, business, clergy who come together to solve homelessness in our community. We collaborate with virtually every social service agency in town, as well as with the police, hospital, American Ambulance, banks, churches, and others. We collaborate with civics groups, youth councils and athletic teams. This program strongly collaborates with the Norwich Works Program where we assist people in obtaining employment. We are strong partners in the Southeastern CT Partnership to End Homelessness and in the CT Coalition to End Homelessness
- c. Elaborate on how this program links with local or regional plans
This program links to regional plans such as Southeastern CT Ten Year Plan End Homelessness, The Partnership on Homelessness' Continuum of Care Plans, and CT Coalition to End Homelessness. All efforts work together to end homelessness in the next few years. By switching to this model of rapid re-housing and shelter diversion, and away from running a shelter, we are in line with the federal goal of the HEARTH Act (Homeless Emergency Assistance and Rapid Transition to Housing).
- d. Discuss any real or possible partnerships created as a result of this funding

The partnerships of all agencies are strengthened by this program. This program allows us to work collectively on cases and programs. The model is designed so that we have weekly team meetings to address the needs of people we are serving. We recognize that no one agency can solve homelessness, and that it takes all of us at the table to impact this crisis. We have linked closely to housing facilities like Patricia's Place, Autumn Oak, Katie Blair House, and TLC in

attempts to house people more quickly. We are active participant in regional and statewide efforts to end homelessness.

- e. Comment on if this request for CDBG funding is for a new program or service. This is for continuation of an existing program.
2. For each activity or service, please also provide:
 - a. Location of services...Services are located at Norwich Human Services, 100 Broadway, Norwich.
 - b. Frequency of services (i.e. 3 times a week for 10 weeks, 9/1/15-12/15/16). Services are available around the clock, year round as the Director of Human Services is reachable by cell phone for all emergencies.
 - c. Hours of operation (for the proposed program only) Monday through Friday, 8:30am to 4:30pm
 - d. The anticipated number of persons (or families) from Norwich to be served. We anticipate serving 150 residents who will be screened for services and 37 residents will be helped financially from this grant.
 - e. If applicable, what are the hours of operation for your program. Monday through Friday, 8:30am to 4:30pm
 3. Please specify the percentage of requested grant funds that will be used for administration and salaries as well as the total number of employees hired and/or retained as a result. There are no funds that are used for administration or salaries. One hundred percent of CDBG and other grant funds goes directly to assist clients.
 4. Using the definitions and example located on pages 13-14, please complete the chart and provide a narrative (under C4) describing your "theory of change" on specific outcomes. Please use multiple pages if you have multiple outcomes that you measure. Please note that the narrative should describe the inputs used to achieve specific outputs in order to produce measurable outcomes. Please designate if outcomes are short term, interim or long term. Add as many outcomes as necessary to prove your success hypothesis (what you believe will result if your program is successful). Remember to include important definitions, including how your industry or service measures success. Please remember to discuss highlights that occurred last year and that will occur this year as a result of your program. *For easier usage, the chart is available online at www.norwichct.org under Government, then Departments, then Community Development.*

Norwich Community Care Team Theory of Change: The CCT believes that housing is a basic human right. We strive to house homeless residents as it is humane for the person, and provides for a better quality of life for the individual and the community. Furthermore, it is less costly to house people, rather than to shelter them or perpetuate their homelessness. Keeping people housed, or re-housing the homeless, enables them to address higher level needs, such as becoming employed, receiving treatment for a variety of issues, and pursuing self-sufficiency.

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

1. If the CDBG funding that you are requesting will leverage funding from another source, please note the amount and source of leveraged funding. Have these additional funds been secured at the time of this application. If not, what actions are you taking to apply for them? These funds do help us to leverage foundation funds to augment services. Last year our CDBG grant was fully funded at the \$15,000 level. This will help us to leverage additional funding from local foundations, like Dime and Putnam Bank.
2. If you do not receive the amount of funds requested from CDBG, how do you propose to administer and/or complete the project in the manner presented and how will this affect your service population? The only options will be to reduce the amount of assistance we can offer and/or reduce the number of people we serve.
3. What items would you reduce/eliminate from your budget if the City wanted to (only) partially fund your application? We would have to reduce the amount of assistance offered and/or reduce the numbers served.

F. OTHER

1. List other agencies that provide similar services and identify those with which you collaborate. If services are similar, please elaborate on what makes this service unique. N/A
2. Is your request for continuation of a previously-funded CDBG program?
 - a. If yes, indicate if you have pursued funding from other sources, who those sources are/were and what are/were the results. Yes, this is a continuation of a highly successful program. We have pursued funding from local foundations, including Dime (\$3500) and Centerville Bank (\$2000), Chelsea Groton Bank (\$5000) and other donations from NFA, churches. We continue to seek out funding sources and will do so again this year.

b. If no, please state the reason(s) why

G. SECTION 3 REQUIREMENTS (Please See Sample on Page 16)

The work to be performed under any contract utilizing CDBG funding may be subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended. The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD assistance projects covered by Section 3, are, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations directed to low- and very-low income persons, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very-low income persons.

Please review page 16, "Section 3 Contractor Affidavit". Please note that if funding is approved, your contract may be required to review, implement and report on employment activities relating to Section 3 guidelines.

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 2020 Income Limits Summary									
FY 2020 Income Limit Area	FY 2020 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 (\$)	\$ 35,950	\$ 41,050	\$ 46,200	\$ 51,300	\$ 55,450	\$ 59,550	\$ 63,650	\$ 67,750
	Extremely Low Income Limits (\$)*	\$ 21,600	\$ 24,650	\$ 27,750	\$ 30,800	\$ 33,300	\$ 35,750	\$ 39,640	\$ 44,120
Median Family Income \$91,800	Low (80%) Income Limits (\$)	\$ 54,950	\$ 62,800	\$ 70,650	\$ 78,500	\$ 84,800	\$ 91,100	\$ 97,350	\$ 103,650

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	f/t	n
Human Services case worker	65,270	0	f/t	n
Human Services Grants Admin	65,270	0	f/t	n
Various partners	varies	0	f/t	n

PART III: BUDGET INFORMATION

A. AGENCY FINANCIAL DATA

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

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)		\$5000	
Donations			
CDBG	\$15,000		75%
General Fund			
State Government			
Federal Government			
Other Revenue (specify)			
TOTAL REVENUE			
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)	\$15,000	\$5000	75%
TOTAL EXPENSES	\$15,000	\$5000	\$20,000
BALANCE (total revenue less expenses)			

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
2021-2022 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)

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.

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: Latina Bonds

Signature of Applicant's Representative: [Signature]

Title: Director

Date: 2.13.2021

**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

thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.

(c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

(d) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirements of (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

- (i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and
- (ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d) (1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable:

- (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;
- (ii) Whether an opportunity was provided for open competitive bidding or negotiation;
- (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- (iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision-making process with respect to the specific assisted activity in question;
- (v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section;
- (vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- (vii) Any other relevant considerations.

Section 3 Contractor Affidavit

A Section 3 Business Concern is a business or organization that:

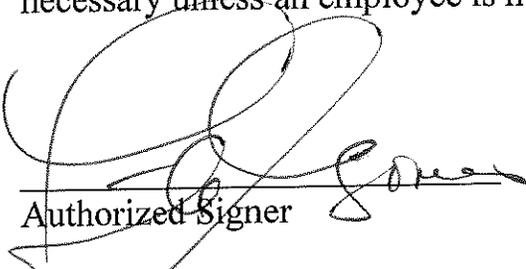
- Is 51 percent or more owned by section 3 residents; or
- Has permanent, full-time employees at least 30 percent of whom are currently Section 3 residents, or within three years of the date of first employment with the business concern were section 3 residents; or
- Has a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to such businesses describe above

This is to certify that the Community Care Team
Business Name (Print)

 Is a Section 3 Business Concern (Please read, review and implement necessary items in document entitled "Section 3 Requirements")

 Is **NOT** a Section 3 Business Concern but the contract for work will require my business or sub-contractor to hire, train, or educate a new employee. (Please read, review and implement necessary items in document entitled "Section 3 Requirements")

Is **NOT** a Section 3 Business Concern and the contract for work will **NOT** require my business or sub-contractor to hire, train or educate a new employee. (No further action is necessary unless an employee is hired during the contract period)


Authorized Signer

2-16-2021
Date

Lee-Ann Gomes
Print Name

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	<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	97	125	
Total Number of Participants Achieving Outcome:	129	97	125	
Percent Who Achieved Outcome:	100.00%	100.00%	100.00%	
<i>Interim Outcome: People are referred to shelter</i>				
Total Number of Participants:	<u>129</u>	97	125	
Total Number of Participants Achieving Outcome:	129	97	125	
Percent Who Achieved Outcome:	100.00%	100.00%	100.00%	
<i>Short Term Outcome: People are eligible for diversion funds</i>				
Total Number of Participants:	25	17	30	
Total Number of Participants Achieving Outcome:	25	17	30	
Percent Who Achieved Outcome:	100.00%	100.00%	100.00%	
<i>Interim Outcome: People participate in case plans and are offered rapid re-housing</i>				
Total Number of Participants:	11	6	12	Start
Total Participants that are Norwich Residents:	11	6	12	
Total Number of Participants Achieving Outcome:	11	6	12	
Percent Who Achieved Outcome:	100.00%	100.00%	100.00%	
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	5	12	
Total Participants that are Norwich Residents:	11	5	12	
Total Number of Participants Achieving Outcome:	11	5	12	
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	195	350	
Total Participants that are Norwich Residents:	258	195	262	
Total Number of Participants Achieving Outcome:	258	195	262	
Percent Who Achieved Outcome:	75.00%	60.00%	75%	