

**CITY OF NORWICH**  
**COMMUNITY DEVELOPMENT BLOCK GRANT • APPLICATION FOR FUNDING**  
**PUBLIC SERVICES**  
**PROGRAM YEAR 2024 (PY 50) • SEPTEMBER 1, 2024 – AUGUST 31, 2025**

**DUE: Friday February 2<sup>nd</sup> 2024 AT 4 PM AT 23 UNION STREET, NORWICH, 2<sup>ND</sup> FLOOR**

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

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**PART I: GENERAL INFORMATION**

**AGENCY:** \_\_\_\_\_

**LEGAL NAME**  
**(if different from Agency)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**EXECUTIVE DIRECTOR:** \_\_\_\_\_

**CONTACT NAME AND TITLE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**AGENCY FISCAL YEAR:** \_\_\_\_\_ **Begin** \_\_\_\_\_ **End** \_\_\_\_\_

**PROGRAM OR PROJECT NAME:** \_\_\_\_\_

**CDBG REQUEST & AWARD AMOUNTS:**

	REQUEST	AWARD
<b>UPCOMING FISCAL YEAR (This Request)</b> <b>(September 1, 2024 – August 31, 2025)</b>	\$ _____	\$ _____
<b>CURRENT FISCAL YEAR (Prior Year Award)</b> <b>(September 1, 2023 – August 31, 2024)</b>	\$ _____	\$ _____

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**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

## **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
2. What are the hours of operation for your agency?
3. What is the total number of persons employed by your agency?
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.
5. Do you receive more than \$500,000 of Federal Funding through any means, including grants and loans?

### **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.
2. Are the services you provide offered by other agencies serving Norwich? If yes, please explain uniqueness.
3. Describe how the program will address the needs of the community and help solve the need.
4. Does your program have a waiting list? If yes, how many people are on the waiting list?

### **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](http://www.norwichct.org))
  - b. Describe how this program collaborates with other programs and organizations
  - c. Elaborate on how this program links with local or regional plans
  - d. Discuss any real or possible partnerships created as a result of this funding
  - e. Comment on if this request for CDBG funding is for a new program or service
2. For each activity or service, please also provide:
  - a. Location of services
  - b. Frequency of services (i.e. 3 times a week for 10 weeks)
  - c. Hours of operation (for the proposed program only)
  - d. The anticipated number of persons (or families) from Norwich to be served
  - e. If applicable, what are the hours of operation for your program.
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
4. Using the definitions and example located on pages 11-12, 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.

#### **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?
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?
3. What items would you reduce/eliminate from your budget if the City wanted to (only) partially fund your application?

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

#### **G. SECTION 3 REQUIREMENTS (Please See Sample on Page 13)**

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 13, "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 2023 Income Limits Summary									
FY 2023 Income Limit Area	FY 2023 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 (\$)	\$40,150	\$45,900	\$51,650	\$57,350	\$61,950	\$ 66,550	\$ 71,150	\$ 75,750
	Extremely Low Income Limits (\$)*	\$24,100	\$27,550	\$31,000	\$34,400	\$37,200	\$ 40,280	\$ 45,420	\$ 50,560
Median Family Income \$112,300	Low (80%) Income Limits (\$)	\$64,250	\$73,400	\$82,600	\$91,750	\$99,100	\$106,450	\$113,800	\$121,150

**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)

**PART III: BUDGET INFORMATION**

**A. AGENCY FINANCIAL DATA**

<b>SUPPORT &amp; REVENUE</b>	Current	Anticipated
	FY 23-24	FY 24-25
Program Fees	\$	\$
Other Grants including foundations		
Donations		
CDBG		
General Fund		
State & Federal Grants		
Other Revenue (specify)		
<b>TOTAL REVENUE</b>		
<b>EXPENSES</b>	Current	Anticipated
	FY 23-24	FY 24-25
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)		
<b>TOTAL EXPENSES</b>		
<b>BALANCE (TOTAL REVENUE LESS EXPENSES)</b>	\$	\$

**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			
CDBG			
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)			
TOTAL EXPENSES			
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  
 2024-2025 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: \_\_\_\_\_

Signature of Applicant's Representative \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**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 subrecipients, the conflict of interest provisions in 2 CFR 200.317 and 200.318 shall apply.

(2) In all cases not governed by 2 CFR 200.317 and 200.318, 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 § 570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to § 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.

[60 FR 56916, Nov. 9, 1995, as amended at 80 FR 75938, Dec. 7, 2015]

## **OUTCOME RELATED DEFINITIONS**

### **Inputs**

Inputs are resources dedicated to or consumed by the program. They are “what we invest – Time, Money, Partners, Equipment, Facilities, etc.

Ex: 1 Full-time equivalent (FTE) will be required to counsel X clients.

### **Outputs**

Outputs are direct products of program activities and usually are measured in terms of the volume of work accomplished. “What we do or Who We Reach” Workshops, Publications, Field days, Equipment; Customers, Participants, etc.

Ex: We trained X participants (activity) and Y (output) graduated.

### **Activities**

Activities are what the program does with the inputs to fulfill its mission. Activities include the strategies, techniques and types of treatment that comprise the program’s service methodology.

Ex: Recruit X participants, Train X employees, Open X Bank Accounts, X people are screened for public benefits, X% of clients are screened, X% of participants are trained, etc.

### **Outcomes**

Outcomes are the benefits for participants during and after program activities.

Ideal outcomes include changes in:

*Short Term:* Knowledge, Skills, Attitude, Motivation, Awareness

*Interim Term:* Behaviors, Practices, Policies, Procedures

*Long Term:* Environment, Social Conditions, Economic Conditions,  
Political Conditions,

Ex: We trained X participants (activity), Y (output) graduated and Z increased income through employment (outcome)

Please note that short, interim and long term outcomes may be subjective to your program. A short term for one program could be a long term for a different program. Be sure to explain in narrative C4 how your program measurement is classified using industry standards or better.

**EXAMPLE:**

<b>OUTCOME: People Gain Employment</b>				Finish
	<b>2022 Actual</b>	<b>2023 Estimated</b>	<b>2024 Anticipated</b>	
<b><i>Long Term Outcome: Attain Employment</i></b>				
Total Number of Participants:	20	30	33	
Total Number of Participants Achieving Outcome:	15	25	20	
Percent Who Achieved Outcome:	75.0%	83.3%	60.6%	
<b><i>Interim Outcome: Graduate from Training</i></b>				
Total Number of Participants:	22	35	40	
Total Number of Participants Achieving Outcome:	20	30	33	
Percent Who Achieved Outcome:	90.9%	85.7%	82.5%	
<b><i>Short Term Outcome: People Enroll in Training</i></b>				
Total Number of Participants:	30	40	52	
Total Number of Participants Achieving Outcome:	22	35	40	
Percent Who Achieved Outcome:	73.3%	87.5%	76.9%	
<b><i>Output: People Screened for Program</i></b>				
Total Number of Participants:	40	50	65	
Total Participants that are Norwich Residents:	30	40	52	
Total Number of Participants Achieving Outcome:	30	40	52	
Percent Who Achieved Outcome:	100.0%	100.0%	100.00%	
				Start

**Section 3 Contractor Affidavit (2021 Final Rule)**

**Section 3 Business Concerns are:**

- At least 51 percent of the business is owned and controlled by low or very low-income persons; or
- At least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing; or
- Over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers

This is to certify that \_\_\_\_\_ (*print Business name*)

\_\_\_\_\_ 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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