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**CITY OF DOVER, NH**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**CDBG funding for Public Facilities Activities – Application Packet**

**Substantial Amendments to FY23 & FY24 Action Plans**

**Overview, Instructions & Application**

**OVERVIEW**

The City of Dover is an entitlement community that receives Community Development Block Grant (CDBG) funding from the U.S. Department of Housing and Urban Development (HUD). CDBG funds may be used to carry out a wide range of community development activities directed toward revitalizing neighborhoods, economic development, and providing improved community facilities and services for lower-income residents.

The City of Dover is seeking applications for CDBG funding to undertake and complete projects that qualify as **Public Facilities** activities as defined by HUD. Only activities that qualify as public facility activities are being accepted. This funding cycle and request for applications is separate from the annual request for applications that occurs in the fall of each year.

Eligible Activities and Requirements - Overview:

1. Proposed activity must qualify as a Public Facilities activity as defined by HUD that meets the following HUD National Objective: Benefit low and moderate income persons and/or presumed benefit clientele;
2. The proposed activity qualifies as an “eligible activity” pursuant to HUD regulations.
3. The activity directly addresses one or more of the applicable FY21-FY25 Consolidated Plan Goals. See “Applicable Dover Consolidated Plan Goals” below.
4. Through the application, the applicant must demonstrate capacity to comply with all HUD and CDBG related requirements.
5. The application submitted for funding must show how the proposed Public Facilities activity can begin no sooner than January of 2025, be 50% complete by April 15, 2025 and be 90% complete on June 30, 2025.
6. The requested funding amount should not exceed $150,000.00

Eligible Expenses: The cost of labor, supplies, and/or materials required to undertake and complete the activity.  
  
Tracking of Expenses: Grant recipients must be able to specifically identify and document how the CDBG funds were expended on the eligible activity.

**APPLICABLE DOVER CONSOLIDATED PLAN GOALS**

Goal #2: Renter and Homeowner Assistance

Goal Description: Weatherization and energy efficiency, Housing unit rehab, security deposit assistance, Lead based paint hazard.

Goal #3: Public Improvements

Goal Description: Development and improvements related to facilities and housing units utilized by qualifying populations and individuals.

Goal #4: Economic Development

Goal Description: Improvements, and the support of efforts, intended to promote economic development and to enhance economic opportunities for qualifying business, populations and individuals.

Goal #5: Accessibility and Transportation

Goal Description: Access to social services and employment and removal of architectural barriers.

**CONSTRUCTION / PUBLIC FACILITIES PROJECT REQUIREMENTS**

The City of Dover’s CDBG grant program is federally funded through the U.S. Department of Housing and Urban Development (HUD). As such, a number of federal laws and regulations apply to CDBG funds and CDBG grant applicants and recipients. For public facilities activities, Davis-Bacon, environmental review requirements, Section 3 & Buy America Build America regulations may apply.

Davis-Bacon Act Requirements:

The Davis-Bacon Act requires the payment of a federal minimum wage rate to laborers. The wage rate is subdivided into specific job classifications. Current wage rate determinations can be obtained from <http://www.wdol.gov/dba.aspx>. Language pertaining to Davis-Bacon requirements must be included in all subcontracts related to the project. Also, the wage rate determination and U.S. Department of Labor “Know Your Rights” poster must be posted at the project site, and weekly certified payroll sheets must be submitted to the City for review and approval. The Community Development Coordinator will visit the project site to conduct site interviews with the laborers during the actual performance of the project.

***Please make sure that the written estimates you receive for your activity include Davis-Bacon wage rates, which may be higher than the contractors’ usual wages.***

Environmental Review Requirements:

The National Environmental Policy Act applies to all HUD-funded projects. An environmental review, which is typically conducted by the Community Development Coordinator, must be completed before any work on the project can begin. This includes what HUD describes as “choice-limiting activities,” per 24 CFR 58.22, which include:

* Property acquisition (buying and leasing)
* Entering into contracts for project-related work
* Demolition
* Rehabilitation
* Construction
* Site improvements

Section 3 Requirements:

Section 3 of the Housing and Urban Development Act (“Section 3) may apply to your project or activity. Regulations regarding these requirements can be found at 24 CFR Part 75.

Build America, Buy America Act:

The Buy America, Build America Act (BABA) may apply to your project or activity. See 2 CFR Part 184 and Part 200 for more information about BABA.

**MONITORING AND ASSESSMENT**

HUD requires recipients of federal funding to assess the outcomes and productivity of programs and activities. The information requested in the application will help the City assess and report your accomplishments.

**DEFINITIONS / DESCRIPTIONS**

The following definitions/descriptions are relevant for this application.

Beneficiaries: The number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity.

Public Services: An activity or program that provides a service to eligible households or individuals. CDBG funds may be used to pay for labor, supplies, and material as well as to operate and/or maintain the portion of a facility in which the public service is located.

Public Facilities: An activity involving the acquisition, construction, reconstruction, rehabilitation, or installation of facilities or infrastructure for activities and programs that provides a service to eligible households or individuals.

Performance Outcome Measures: Please provide the *Outcome* proposed and the method of *Measurement* proposed to measure the Outcome. You may list multiple Outcomes/Measures. Please be realistic and specific when proposing Outcomes and method of Measurement.

Presumed Benefit Clientele: Abused/neglected children, homeless persons, persons with /HIVAIDS, elderly persons, severely disabled adults, migrant farm workers, battered spouses/domestic violence victims, illiterate adults.

Description of Organization: Please provide a description for the Organization. This does not need to be extensive.

Funding Sources: Provide a listing of all funding sources to be used for the activity or project. Provide the financial amount proposed for each source. Also indicate how much of the funding is secured, and how much is proposed, at the time of this application. The category of “Other” can be used for activities such as Capital Campaigns or other fund raising efforts

Organizational Commitment: For Public Facility projects (construction/physical improvement projects) only. Indicate how much of the project cost the organization will be providing toward the project.

**CDBG APPLICATION SCHEDULE**

Annual Action Plans, and all Substantial Amendments, are created through a public process. The first phase of this process is receipt of applications for funding. Complete applications are due by the date and time provided in Table 1, below.

TABLE 1: APPLICATION SCHEDULE

|  |  |  |  |
| --- | --- | --- | --- |
| **Date & Time** | **Subject** | **Purpose** | **Location** |
| July 17, 2024 | Applications Available | Solicit requests for funding | Community Development Department, Media and Online |
| July 17, 2024, – August 2, 2024 | Technical Assistance | Assistance in completing the CDBG application. | Call or email the Community Development Department, Dave Carpenter, at 603-516-6008 / [d.carpenter@dover.nh.gov](mailto:d.carpenter@dover.nh.gov) |
| August 2, 2024 @ 4:00 p.m. | Application Deadline | Deadline to submit a completed application and required documents.  The City of Dover is not required to consider applications delivered, mailed or emailed, but not received, prior to the deadline or at the location indicated. | Email to Dave Carpenter, Community Development Planner, at [d.carpenter@dover.nh.gov](mailto:d.carpenter@dover.nh.gov) |

**Note: Due to email size restrictions, you may be required to send more than one email in order to submit all of the required information.**

**PLANNING BOARD AND CITY COUNCIL REVIEW**

This is a competitive grant program with no guarantee of funding. A Substantial Amendment to an Annual Action Plan is created through a public process. The Planning Board will review applications, conduct a public hearing and make a recommendation to the City Council. The City Council will then hold a public hearing to review and approve Substantial Amendments to an Annual Action Plan. After the required public notices and comment periods, the locally approved Substantial Amendment(s) will then be provided to Housing and Urban Development (HUD) for final review and approval.

The Planning Board and City Council meetings are open to the public and televised.

Proposed Planning Board and City Council meeting dates for review and public hearing of the proposed Substantial Amendments to Annual Action Plans will be announced after August 2, 2024.

**APPLICATION SUBMISSION INSTRUCTIONS**

Submission Requirements

* Applications will be accepted by email only.
* Applications are due by 4:00 p.m. on August 2, 2024. Please email your complete and signed application to Dave Carpenter, Community Development Planner, at [d.carpenter@dover.nh.gov](mailto:d.carpenter@dover.nh.gov)
* All required documents must be received at the email address listed above no later than 4:00 p.m. on August 2, 2024. The City of Dover reserves the right to reject any requests that are found incomplete or not received by the required deadline.

**If you have questions or would like guidance in developing the application, please contact the Dave Carpenter at the email address listed above or at 603-516-6008. We will be happy to assist you.**

Required Submission Material

* **CDBG APPLICATION**: Application begins on page 6 of this packet. Section are to be completed and the application must be signed and dated.
* Written estimates for construction, materials, equipment purchase, etc., are to be submitted with this application. Estimates must be from qualified individuals/companies/suppliers.
* Most recent financial audit with management letter and, if applicable, corrective action plan.
* *if new applicant and filing as a 501(c)(3) organization* - IRS determination of 501(c)(3) status.
* Do not submit items such as letters of support, resumes, brochures, newspaper articles, or other related materials.

**Note: Due to email size limitations, you may need to send more than one email in order to submit all of the required information.**

Application Deadline:

* Applications will be accepted by email only. Applications are due by 4:00 p.m. on August 2, 2024.
* Please email your complete and signed application to Dave Carpenter, Community Development Planner, at [d.carpenter@dover.nh.gov](mailto:d.carpenter@dover.nh.gov)

**Note: Due to email size limitations, you may need to send more than one email in order to submit all of the required information.**

Applicants must be registered with SAM.gov.

Applicants must be registered with SAM.gov and provide their Unique Entity Identifier (UEI) in the application. The UEI is a 12-character unique number assigned to all entities (public and private companies, individuals, institutions, or organizations) who must register with the federal government in SAM in order to receive CDBG funding. The “SAM UEI” replaced the use of the nine-character Data Universal Numbering System (DUNS) Number in April of 2022.

**Application: Dover CDBG Funding – Public Facilities Activity**

|  |  |  |
| --- | --- | --- |
| **Applicant Information** | | |
| **Organization** | | |
| **Name of Activity** | | |
| **Name of Executive Director** | | |
| **Mailing Address**  **Physical Address** | | |
| **Contact Person** | | **Phone** |
| **E-Mail** | | **Website** |
| **Please Identify the Type of Organization Applying for Funds** *(Note: More than one may apply)*  501(c)(3)For-profit authorized under 570.201(o)Unit of Government  Faith-based OrganizationInstitution of Higher Education  Other (Explain): | | |
| **Tax ID #** | | |
| **SAM UEI #** | **SAM Expiration Date** | |

**ACTIVITY INFORMATION**

|  |
| --- |
| **Activity or Project Information** |
| **Amount of Dover CDBG funds requested for activity: $** |
| **Provide a very brief summary of the *activity* for which the funds are requested. Keep responses to one or two sentences (*i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.*)** |

|  |
| --- |
| **Project Location** |
| **Location(s) where activity will occur.** |

|  |
| --- |
| **Beneficiaries** |
| **Beneficiary type:**  (e.g. Homeless Individuals, Low-Income Households, etc.) |
| **Beneficiaries:**  **For FY 2026 (7/1/2025 – 6/30/2026) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity. Not your entire client population:** |

|  |
| --- |
| **Client Population** |
| **Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No**  **If yes, are the criteria/protocols in writing?: \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No** |

|  |
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| **Narrative – *Public FACILITY* Activity** |
| **Please provide the following information for the proposed activity (not the organization):**  **Describe the nature of the activity:**  **Describe how the activity will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :**  **Proposed activity starting date:**  **Proposed activity completion date:**  **Describe how the proposed activity will be able to meet the required stages of completion** (can begin no sooner than January of 2025, be 50% complete by April 15, 2025 and be 90% complete by June 30, 2025.)**:**  **Provide a total activity cost broken down by major phases of the project:**  **Note: Written estimates for construction, materials, equipment purchase, etc. are to be submitted with this application. Estimates must be from qualified individuals/companies/suppliers.** |

|  |  |
| --- | --- |
| **Performance Outcome Measures** | |
| **Provide the *outcomes* proposed & the *method of measurement*. You may list multiple outcomes.** | |
| **Outcome** | **Measurement** |
| **Example 1: Decrease in number of “latch-key kids”**  **Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults** | **Example 1: # of children who participate in afterschool program**  **Example 2: Increase in number of low/mod income residents that seek care from health program.** |
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| --- |
| **Description of Organization** |
| **Please provide a description for the organization or agency that is undertaking the activity or project.** |

|  |
| --- |
| **Audit and Evaluation** |
| **Does your organization have an annual CPA audit or other financial statement?**  **If yes, please submit most recent audit or financial statements as an attachment to this application.**  **Is your organization evaluated by outside agencies or programs?**  **If yes, please note the agency/program and how often the evaluation occurs.** |

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| **Board of Directors** | |
| **Name** | **Residence (city/town)** |
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**Budget: Activity or project**

Use box 1 below to provide a budget for the proposed activity. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Public Facilities | | | | |
|  | **A** | **B** | | **A + B** |
| **Dover CDBG Funds Requested** | **Other Funding** | | **Total Proposed Budget** |
| ***Hard Costs*** Note: Federal wage rates and Buy America Build America requirements may apply. Applicants are encouraged to factor both in generating estimates. | | | | |
| Construction |  |  |  | |
| Other (list) |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| *Total Hard Costs* |  |  |  | |
| ***Soft Costs*** | | | | |
| Acquisition |  |  |  | |
| Appraisals |  |  |  | |
| Design/Engineering |  |  |  | |
| Other(list): |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| *Total Soft Costs* |  |  |  | |
| *Total Proposed Budget:* |  |  |  | |

**Activity Funding Sources**

**Organizational Commitment**: Indicate the amount of funds that the organization will be contributing to the activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source**  **(Name of Parent Organization)** | **Committed, Pending or Proposed Amount ($)** | | **Explanation** |
|  | Committed:  Pending:  Proposed: |  |  |
| Total: |  |  |  |

**Other Funding Sources** - please indicate the source and amount of other funding committed, pending or proposed that will be used ***for this activity***. *Do not include Dover CDBG amount requested*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source**  **(Name(s) of funding source(s))** | **Committed, Pending or Proposed Amount ($):** | | **Total Amount ($)** | **Explanation** |
| Federal: | Committed:  Pending:  Proposed: |  |  |  |
| State: | Committed:  Pending:  Proposed: |  |  |  |
| Local: | Committed:  Pending:  Proposed: |  |  |  |
| Private: | Committed:  Pending:  Proposed: |  |  |  |
| Portsmouth CDBG: | Committed:  Pending:  Proposed: |  |  |  |
| Rochester CDBG: | Committed:  Pending:  Proposed: |  |  |  |
| Other: | Committed:  Pending:  Proposed: |  |  |  |
| Total: | Committed:  Pending:  Proposed: |  |  |  |

**Budget: Organization**

Please provide a breakdown of your *organization’s* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

|  |  |  |
| --- | --- | --- |
| Budget Period: from       to | **Current Year** | **Next Year (projected)** |
| **REVENUES** |  |  |
| Federal Funds |  |  |
| State Funds |  |  |
| Foundations/Private Contributions |  |  |
| United Way |  |  |
| Fundraising or other income |  |  |
| Other (describe) |  |  |
| Community Dev. Block Grant  (include anticipated request) |  |  |
| **Total Revenue** |  |  |
| **EXPENSES** |  |  |
| Salaries |  |  |
| Fringe Benefits |  |  |
| Supplies (include printing/copying) |  |  |
| Travel |  |  |
| Training |  |  |
| Communications |  |  |
| Audit |  |  |
| Property Maintenance |  |  |
| Service Contracts |  |  |
| Construction Supplies/Materials |  |  |
| Other (describe) |  |  |
| **Total Expenses** |  |  |
| **NET (Income - Expenses)** |  |  |

**ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Federal Grantor/Pass-Through Grantor/Program or Cluster Title** | **Federal CDFA Number** | **Pass-Through Entity’s Identifying Number** | **Passed Through to Subrecipient** | **Total Federal Expenditures** |
|  |  |  |  |  |  |
| U.S. Dept. of | [Agency Name] |  |  | $ | $ |
| Direct Program | [Program Name] |  |  |  |  |
| Passed Through | [Entity Name] |  |  | $ | $ |
|  | [Program Name] |  |  |  |  |
| Total U.S. Dept. of | [Agency Name] |  |  | $ | $ |
|  |  |  |  |  |  |
| U.S. Dept. of | [Agency Name] |  |  | $ | $ |
| Direct Program | [Program Name] |  |  |  |  |
| Passed Through | [Entity Name] |  |  | $ | $ |
|  | [Program Name] |  |  |  |  |
| Total U.S. Dept. of | [Agency Name] |  |  | $ | $ |
|  |  |  |  |  |  |
| U.S. Dept. of | [Agency Name] |  |  | $ | $ |
| Direct Program | [Program Name] |  |  |  |  |
| Passed Through | [Entity Name] |  |  | $ | $ |
|  | [Program Name] |  |  |  |  |
| Total U.S. Dept. of | [Agency Name] |  |  | $ | $ |
|  |  |  |  |  |  |
| ***Total Expenditure of Federal Awards*** |  |  |  | ***$*** | ***$*** |
|  |  |  |  |  |  |
| NH Dept. of | [Agency Name] |  |  | $ | $ |
|  | [Program Name} |  |  |  |  |
| Total NH Dept. of | [Agency Name] |  |  | $ | $ |
|  |  |  |  |  |  |
| NH Dept. of | [Agency Name] |  |  | $ | $ |
|  | [Program Name} |  |  |  |  |
| Total NH Dept. of | [Agency Name] |  |  | $ | $ |
|  |  |  |  |  |  |
| NH Dept. of | [Agency Name] |  |  | $ | $ |
|  | [Program Name} |  |  |  |  |
| Total NH Dept. of | [Agency Name] |  |  | $ | $ |
|  |  |  |  |  |  |
| Local Assistance: | [Agency Name] |  |  | $ | $ |
|  | [Program Name] |  |  |  |  |
| Total Local Assistance: | [Agency Name] |  |  | $ | $ |
|  |  |  |  |  |  |
| ***Total State and Local Awards*** |  |  |  | ***$*** | ***$*** |
|  |  |  |  |  |  |
| **TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE** |  |  |  | **$** | **$** |

**I certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Title**