



CDBG

SUBRECIPIENT TA WORKSHOP

City of New Bedford
Department of Planning, Housing & Community Development





AGENDA

- Understanding the SubRecipient Agreement
 - Why do we have one?
 - Key sections
 - Executing the agreement
 - Scope of Services
 - Performance
 - Reimbursements
 - Budget and Budget Amendment Process
- Procurement
- Reporting Requirements
 - Quarterly Reporting
- Annual Monitoring
- Program Changes
- Contacts

CDBG

SUBRECIPIENT TA WORKSHOP

City of New Bedford
Department of Planning, Housing
& Community Development



UNDERSTANDING *the* SUBRECIPIENT AGREEMENT





UNDERSTANDING the SUBRECIPIENT AGREEMENT

Why a Subrecipient Agreement ?

- ✓ The city is the recipient of federal CDBG funding.
- ✓ As an agency awarded funding under this program, your agency must enter into a contractual relationship with the city.
- ✓ The contract—or “subrecipient agreement”—follows the fiscal year. Your FY2016 agreement covers July 1, 2016 - June 30, 2017.

SUBRECIPIENT AGREEMENT

By and Between the
CITY OF NEW BEDFORD
and
ABC SERVICES, INC.
SUBRECIPIENT

**COMMUNITY DEVELOPMENT
BLOCK GRANT PROGRAM FOR ENTITLEMENT
COMMUNITIES**
DEPARTMENT OF PLANNING, HOUSING & COMMUNITY
DEVELOPMENT
NEW BEDFORD, MASSACHUSETTS
CFDA NUMBER: 14.218
AGENCY: DEPARTMENT OF HOUSING AND URBAN

PROJECT NUMBER: **FIDC**
AGREEMENT NUMBER: **DPS-15-07**
PROJECT AMOUNT: **\$ 10,000.00**
PROJECT NAME: **COMMUNITY LITERACY SERVICES**

JONATHAN F. MITCHELL
MAYOR



UNDERSTANDING the SUBRECIPIENT AGREEMENT

Key Sections of the Agreement:

- ✓ Signature Page
- ✓ Scope of Services
- ✓ Performance and Outcome Measurements
- ✓ Reimbursement Process / Form
- ✓ Budget Summary
- ✓ Reimbursement Basics
- ✓ Budget Amendment Process / Form
- ✓ Procurement Policy





UNDERSTANDING the SUBRECIPIENT AGREEMENT

Executing the Agreement:

- ✓ The subrecipient agreement is not a legally executed contract until it is properly signed by each of the signatories for both the city *and* your agency.
- ✓ It is required that your agency sign the document first; once that is done the city will then sign it.
- ✓ Only an authorized signatory for your agency can sign this agreement.

IN WITNESS WHEREOF, the CITY and the SUBRECIPIENT have signed and sealed this Agreement as of the date first above written, in the City of New Bedford, County of Bristol, ~~02700~~02700 of Massachusetts.

CITY OF NEW BEDFORD: SUBRECIPIENT:

BY: _____ BY: _____
JONATHAN F. MITCHELL JOHN SMITH
MAYOR CHIEF EXECUTIVE OFFICER

DEPARTMENT OF PLANNING,
HOUSING & COMMUNITY DEVELOPMENT:

BY: _____ BY: _____
PATRICK J. SULLIVAN SHANNON C. SHREVE
DIRECTOR COUNSEL II

FUNDS AVAILABLE:
BE APPROVED BY LOCAL Governing Body
Resolutions of 12 December 1974
2009 and including 18 March 2014.

APPROVED AS TO FORM AND LEGALITY:

BY: _____ BY: _____
ROBERT EKSTROM SHANNON C. SHREVE
CITY AUDITOR COUNSEL II
Account 2201-181

Signatory page



UNDERSTANDING the SUBRECIPIENT AGREEMENT

Scope of Services:

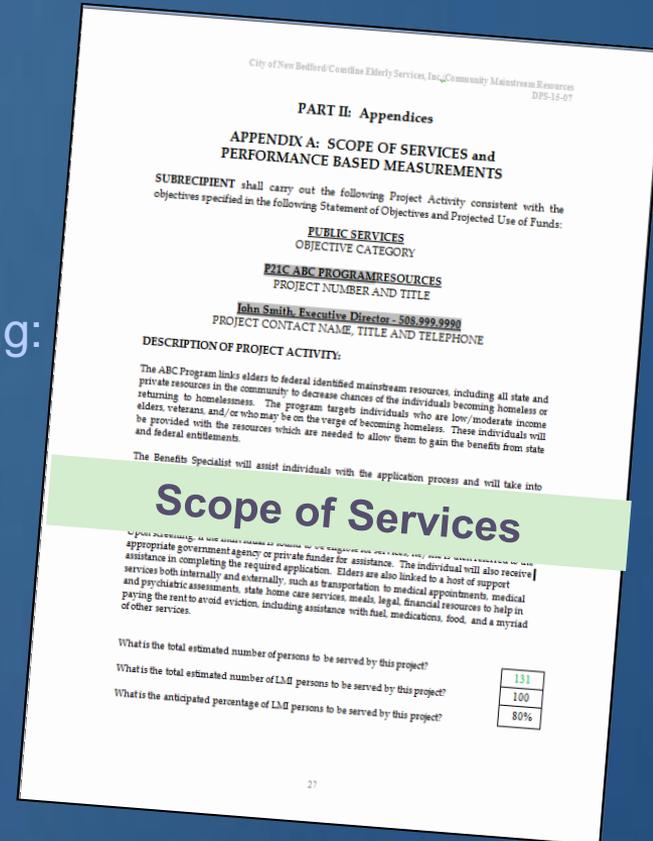
- ✓ Based on the final description of the awarded activity and intended to describe the CDBG funded activity.
- ✓ Each scope of service has the following:

Total estimated # of person to be served

Total estimated # of LMI persons to served

Anticipated % of LMI persons to be served

- ✓ See page 31 or Appendix A of agreement.





UNDERSTANDING the SUBRECIPIENT AGREEMENT

Performance and Outcome Measurements:

- ✓ System designed to assess the effectiveness of a program
- ✓ In the subrecipient agreement, the performance based measurements section includes:

Needs statement

Project goals

Proposed activity

Expected outputs and outcomes

- ✓ See page 32 or Appendix A of agreement.

City of New Bedford/Coastline Elderly Services, Inc./Community Mainstream Resources
DPS-15-07

Performance and Outcome Measurement System Project Goals and Activities

Project Name: ABC Resources		Sponsoring Agency: ABC Resources, Inc.	
Needs Statement: Improve the quality of low/moderate income elders who face significant hardship and assist them in applying for benefits.			
Project Goal: Increase access to federal/state/private mainstream resources to decrease chances of homelessness.			
Proposed Activity: Screen elders for benefits that may include SNAP (food stamp benefits) MassHealth, Veterans benefits, etc.			
Expected Outputs		Expected Outcomes	
Number of participants who attend housing units requested.		Direct results of the program/project	
To provide 131 elders with appropriate public aid and benefits.		1. By June 30, 2016, 80% of elders would have qualified for and received financial assistance.	
		2. 80% of elders would report increased financial gain in meeting their basic needs by June 30, 2016.	
		3. 75% of elders will qualify for other services.	

26

Performance



UNDERSTANDING the SUBRECIPIENT AGREEMENT

Reimbursements

- ✓ You can invoice by submitting a “Request for Reimbursement either monthly or quarterly:
 - Monthly requests should reflect the previous month. *(ex. Reimbursement for eligible program activities in July must be submitted by August 10th.)*
 - Quarterly requests should reflect the quarter previous to the reimbursement submission. *(ex: Second quarter reimbursement request must be submitted by January 10th.)*
- ✓ All Requests for Reimbursement must always include all invoices, receipts, cancelled checks and other documentation justifying the claimed reimbursement costs.
- ✓ See page 33 Appendix B of agreement.

How do we get our money?





UNDERSTANDING the SUBRECIPIENT AGREEMENT

Reimbursements

- ✓ You need to pay attention to timing!
 - Expenses for Fiscal Year 2016 must fall between July 1, 2016 through June 30, 2017.
 - Costs incurred prior to July 1, 2016 are ineligible.
 - Final invoices for Fiscal Year 2016 must be submitted no later than July 7, 2017.

What gets paid?





UNDERSTANDING the SUBRECIPIENT AGREEMENT

Reimbursements

- ✓ Use the Reimbursement Form!
If you want to request reimbursement for your CDBG eligible expenses, you *must* submit a completed reimbursement form and supporting documentation.
- ✓ Reimbursement Form must contain:
 - Date of Request
 - Authorized Signature
 - Period Covered by this request
 - Amount of Request Now
 - Current Expenditures
- ✓ See page 34 Appendix C



SubRecipient Request for Reimbursement

CDBG Agency Name: ABC Service Program		Contract #: BFS-10-10	
CDBG Project Name: ABC Service Program		CDBG Project #: P100	
Date of Request: _____		Period Covered by this Request: _____	
Contact Person: John Smith		Contact Tel#: 808-997-6536	
Authorized Signature: _____		Amount Requested Now: \$0.00	

Category Breakdown	CDBG Budget	Budget Adjustment	Current Expenditures	Cumulative Expenditures	CDBG Balance after this Reimbursement
Personnel					
Program Coordinator	\$2,000.00				2,000.00
					-
					-
SubTotal Personnel	2,000.00	-	-	-	2,000.00
Contractual Services					-
Communications					-
Rent					-
Supplies					-
License Fees	\$2,190.00				2,190.00
Program Materials	\$810.00				810.00
Insurance					-
					-
Transportation					-
Equipment					-
					-
Other (Specify)					-
					-
GRAND TOTAL	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00

For City Use Only:
Expenditures presented are deemed eligible and in accordance with the Scope of Services as outlined in the Sub-Recipient Agreement. Furthermore, all quarterly reporting has been submitted correctly and are up-to-date.

Eligibility Reviewed/Approved By: _____
Signature _____ Date of Review/Approval _____

Adequate financial documentation including, but not limited to, copies of cancelled checks and invoices exist to justify this request for reimbursement.

Fiscal Reviewed/Approved By: _____
Signature _____ Date of Review/Approval _____

Director Approval for Reimbursement: _____
Signature _____ Date of Review/Approval _____



UNDERSTANDING the SUBRECIPIENT AGREEMENT

Reimbursements

- ✓ Other important sections!
 - Budget Adjustment (If required)
 - Current Expenditures
 - Cumulative Expenditures
 - Balance after this reimbursement
- ✓ The reimbursement form is an excel document that has formulas in each cell.
- ✓ Once you plug-in an amount in a cell, the form will auto calculate the total.

SubRecipient Request for Reimbursement					
CDBG Agency Name:	ABC Service Program	Contract #:	DPS-15-10		
CDBG Project Name:	ABC Service Program	CDBG Project #:	P100		
Date of Request:		Period Covered by this Request:			
Contact Person:	John Smith	Contact Tel#:	508-997-6536		
Authorized Signature:		Amount Requested Now:	\$0.00		
Category Breakdown	CDBG Budget	Budget Adjustment	Current Expenditures	Cumulative Expenditures	CDBG Balance after this Reimbursement
Personnel					
Program Coordinator	\$2,000.00				2,000.00
					-
					-
SubTotal Personnel	2,000.00	-	-	-	2,000.00
Contractual Services					-
Communications					-
Rent					-
Supplies					-
License Fees	\$2,190.00				2,190.00
Program Materials	\$810.00				810.00
Insurance					-
Transportation					-
Equipment					-
					-
Other (Specify)					-
					-
GRAND TOTAL	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00
For City Use Only:					
Expenditures presented are deemed eligible and in accordance with the Scope of Services as outlined in the Sub-Recipient Agreement. Furthermore, all quarterly reporting has been submitted correctly and are up-to-date.					
Eligibility Reviewed/Approved By:		Signature		Date of Review/Approval	
Adequate financial documentation including, but not limited to, copies of cancelled checks and invoices exist to justify this request for reimbursement.					
Fiscal Reviewed/Approved By:		Signature		Date of Review/Approval	
Director Approval for Reimbursement:		Signature		Date of Review/Approval	



UNDERSTANDING the SUBRECIPIENT AGREEMENT

Reimbursements will only happen IF your invoice...

- ...Is accompanied with supporting documentation.
- ...Shows how items being reimbursed conform to your scope of services.
- ...Includes documentation is not “self explanatory” make a note on the invoice to explain how items support the project.

And don't even THINK about...

- ...State and federal taxes, as well as late fees related to the payment of taxes, because they are ineligible and won't be reimbursed.
- ...Submitting an invoice after the due dates listed in the Appendix B.





UNDERSTANDING the SUBRECIPIENT AGREEMENT

Reimbursements 101

- ✓ Check will be issued only if... *All documentation is acceptable.*
- ✓ Checks are generally available... *2 weeks from the date DPHCD receives documentation.*



You can't wait until the end of the fiscal year to submit 12 months worth of expenses! This is a MAJOR red flag for the city and HUD.



UNDERSTANDING the SUBRECIPIENT AGREEMENT

Budget

✓ The Subrecipient Reimbursement Form provides an itemized breakdown of your approved CDBG budget that includes the following:

- Category Breakdown
- CDBG Budget
- Budget Adjustment
- Current Expenditure
- Cumulative Expenditures
- Balance after Reimbursement.



✓ See page 34 Appendix C of agreement.

 SubRecipient Request for Reimbursement					
CDBG Agency Name:	ABC, Inc.	Contract #:	DPS-15-10		
CDBG Project Name:	ABC Project Inc.	CDBG Project #:	P22H		
Date of Request:		Period Covered by this Request:			
Contact Person:	John Smith	Contact Tel#:	508-997-1500		
Authorized Signature:		Amount Requested Now:	\$0.00		
Category Breakdown	CDBG Budget	Budget Adjustment	Current Expenditures	Cumulative Expenditures	CDBG Balance after this Reimbursement
Personnel					
Program Coordinator	\$2,000.00				2,000.00
					-
					-
					-
SubTotal Personnel	2,000.00	-	-	-	2,000.00
Contractual Services					-
Communications					-
Rent					-
Supplies					-
License Fees	\$2,190.00				2,190.00
Program Materials/ Insurance	\$810.00				810.00
					-
					-
Transportation					-
Equipment					-
					-
					-
Other (Specify)					-
					-
GRAND TOTAL	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00
For City Use Only:					
Expenditures presented are deemed eligible and in accordance with the Scope of Services as outlined in the Sub-Recipient Agreement. Furthermore, all quarterly reporting has been submitted correctly and are up-to-date.					
Eligibility Reviewed/Approved By:		Signature		Date of Review/Approval	



UNDERSTANDING the SUBRECIPIENT AGREEMENT

Budget Amendment Process

- ✓ Reimbursement requests that are different than what exists in the subrecipient agreement (or approved amendment) will be flagged.
- ✓ If you want to amend the budget, the process includes:
 - Submitting a signed cover letter from the agency to the DPHCD formally requesting amendment with explanation.
 - Submitting a completed DPHCD budget amendment form along with the written request.
 - Execution of a formal subrecipient agreement amendment that includes an updated scope and budget.

Community Development Block Grant - Amendment Request

Department Name: _____ Project Year: _____

SUMMARY OF PROPOSED AMENDMENT
Please provide a justification and context for the amendment request.

13 pages

SUMMARY BUDGET AMENDMENT
If there are any increases in your current budget, please explain the increases associated with your request.

Category	Current Budget	Adjustment	Proposed Revised Budget
Personnel			
Travel			
Sub Total Personnel			
Contract Services			
Communications			
Other			
Travel			
Equipment			
Supplies (Goods)			
Supplies (Services)			
TOTAL			

One Received by DPHCD: _____ FOR INTERNAL USE ONLY

NOTE: _____

13 pages



PROCUREMENT





Procurement Policy 101

- ✓ **Contact us first!**
 - Contact the DPHCD prior to the procurement of goods, services, supplies or equipment to obtain the necessary forms and documents.

- ✓ **Follow the law!**
 - Good and services must be procured according to MA General Law 30B and this table.

- **Read your agreement!**
 - See page 36 Appendix E of agreement.

APPENDIX E: CITY of NEW BEDFORD PROCUREMENT POLICY

The Department of Planning, Housing & Community Development requires all Departments and Agencies funded under the Community Development Block Grant Program (CDBG) to comply with the following procurement guidelines established by the City of New Bedford in accordance with Massachusetts General Law 30 B in the purchasing of goods and services. Sub-recipients are required to contact the Department of Planning, Housing and Community Development prior to the procurement of goods and services to obtain the necessary forms and documents.

QUOTE AND PURCHASING REQUIREMENTS

Purchases under \$10,000 - Use sound business practices – Recommended that SUBRECIPIENT obtain quotes periodically to ensure best prices.

\$10,000 - \$34,999 - SUBRECIPIENT must obtain 3 written/oral quotes and keep a written record of companies contacted for quote and amounts. The original written quotes shall be vendor's letterhead or invoice. The original quote sheet and written quotes shall be submitted to the Department of Planning, Housing & Community Development for review and approval.

\$35,000 + - SUBRECIPIENT must bid through an Invitation for Bids process and Request for Proposals through purchasing. The New Bedford Department of Planning, Housing and Community Development and the New Bedford Purchasing Department will be monitoring compliance with these procedures, including compliance with Chapter 30B, monitoring for Bid Splitting and tracking department/agency abuse of the procedures.

NOTE: For **Public Works projects** and **construction projects** the bid process involves compliance with Massachusetts General Law Chapter 149 and/or Chapter 30/39M and adherence to all federal construction procurement requirements. Please contact the Department of Planning, Housing & Community Development prior to initiating bids on construction projects.



INCOME CERTIFICATIONS





REPORTING REQUIREMENTS





Quarterly Reports

- ✓ HUD requirement
 - Reporting as the means to assess the productivity and impact of programs through a performance and outcome measurement system.

- ✓ DPHCD expectation
 - Quarterly monitoring report that highlights the number of clients you served in relation to the goals, outcomes and outputs you agreed to in your subrecipient agreement.

 - Quarterly monitoring report serves as a tool to identify any issues with program compliance.





REPORTING REQUIREMENTS

Quarterly Reports

- ✓ Due on the 10th of the month following the service period being reported

<u>SERVICE PERIOD</u>	<u>REPORT DUE DATE</u>
7/1/16 thru 9/30/16	10/10/16
10/1/16 thru 12/31/16	1/10/17
1/1/17 thru 4/10/17	4/10/17
4/1/17 thru 6/30/17	7/6/17

- Late reports
- Incomplete reports →
- Inaccurate reports

Delays repayment, can require revisions and can even lead to suspension of the Subrecipient Agreement!



REPORTING REQUIREMENTS

Quarterly Reports

- Quarterly Monitoring Reports will be provided to subrecipients in an excel format.

- Quarterly reports have a statistical, narrative and budgetary components:
 - Cover page
 - Client Profile Information
 - Performance and Measurements
 - Funding Sources
 - Published Information





REPORTING REQUIREMENTS

Quarterly Reports

- The cover page
 - Project Specific Information
 - Contact Information
 - CDBG Budget Amount
 - Activity Location
 - Contact Information
 - Service Period
 - Signature

CITY OF NEW BEDFORD DEPARTMENT OF PLANNING, HOUSING & COMMUNITY DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM		
1ST QUARTER - MONITORING REPORT: FY 2015		
Contracting Agency:	<input type="text"/>	
Agency Address:	<input type="text"/>	
CDBG Project Name:	<input type="text"/>	
CDBG Grant Amount:	<input type="text"/>	
Activity Location:	<input type="text"/>	
Email Address:	<input type="text"/>	Phone #: <input type="text"/>
Report Completed By:	<input type="text"/>	
Service Period:	Report Due Date:	Date Report Submitted:
07/1/15 thru 09/30/15	10/10/15	<input type="text"/>
<p>This quarterly report is a summation of the activities conducted during this service period and is pursuant to the CDBG Subrecipient Agreement with the Department of Planning, Housing & Community Development. This quarterly report should highlight accomplishments and achievement of goals as well as objectives and problems encountered in fulfilling your contractual obligations with this office.</p>		
<p>I hereby attest to the accuracy of the information provided within this report and certify that the information is true and accurate. Backup documentation and eligibility determinations of the clients served are available for review.</p>		
<input type="text"/>	<input type="text"/>	
Signature of Executive Director	Printed Name of Executive Director	
<p>This completed report must be submitted by the due date indicated above and forwarded to:</p>		
<p>Grants Compliance Coordinator Department of Planning, Housing and Community Development 608 Pleasant Street, Second Floor New Bedford, MA 02740 508.979.1500</p>		





REPORTING REQUIREMENTS

Quarterly Reports

- Client Profile Information
 - Race
 - Ethnicity
 - Gender
 - Elderly (62+)
 - Disabled

 - Over Income (80% MFI)
 - Moderate Income (51-80% MFI)
 - Low Income (31-50% MFI)
 - Extremely Low Income (0-30% MFI)

CDBG Quarterly Report FY2015, Page 2

1. CLIENT PROFILE INFORMATION:

Indicate the number of individual clients served (including children) during the service period. As is always the case, do not count a client more than once each month and remember that all clients as of July 1, 2015 are considered to be NEW CLIENTS and must be recorded as such.

PROFILE	JULY	AUGUST	SEPTEMBER	TOTAL
New Clients				0
Returning Clients				0
Totals	0	0	0	0

The combined totals of single race and multi-race persons in the following chart must equal the total new clients number, above.
The "total number of persons benefitting from activity", below, must equal the total number of new clients, above.

SINGLE RACE	Totals	ETHNICITY*	
		Hispanic or Latino	Not Hispanic or Latino
White			0
Black/African American			0
Asian			0
American Indian/Alaskan Native			0
Native Hawaiian/Other Pacific Islander			0
1. TOTAL	0	3.a Total	0
		3.b Total	0

MULTI-RACE	Totals	Hispanic or Latino	Not Hispanic or Latino
American Indian/Alaskan Native & White			0
Asian and White			0
Black African American & White			0
Am Ind/Alaskan Native & Black/Afr Am			0
Other/Multi-Racial			0
2. TOTAL	0	4.a Total	0
		4.b Total	0

*NOTE: Hispanic is not considered a race, but an ethnicity; a member of any race may be considered Hispanic.

Total New Clients	0
Total #1 & #2	0
Total #3a + 3b + 4a + 4b	0

Numbers of persons benefiting from activity: 0

Please enter numbers of new clients served in these categories:

	Over Income (Over 80% Med. Fam Income)
	Moderate Income (51-80% Med. Fam Income)
	Low Income (31-50% Med. Family Income)
	Extremely Low Income (0 - 30% Family Income)





Quarterly Reports

- Performance and Measurements
 - Activities (general accomplishments)
 - Outputs (direct products of your program)
 - Outcomes (short and long term benefits)

REPORTING REQUIREMENTS

2. PERFORMANCE AND MEASUREMENTS

A. Provide a brief narrative [no more than 150 words] defining the exact service(s) provided by your agency with CDBG funds and a statement as to its success, weaknesses and/or surprises. Explain how the program achieved or did not achieve its quarterly stated goal(s). Please note both accomplishments and challenges the program experienced during the quarter.

B. Provide a brief narrative [no more than 150 words] describing specific activities undertaken and/or accomplished during the service period and address how this reduced the extent of problems or needs stated in the program's Scope of Services.

C. Provide a brief narrative [no more than 150 words] describing direct products of program activities achieved during the service period (participant counts, etc) associated with each goal described in the program's Scope of Services.



Quarterly Reports

- Published Information
 - News Articles
 - Press Releases
 - Advertisements
 - Public Service Announcements
 - Brochures

REPORTING REQUIREMENTS

3. PUBLISHED INFORMATION

Please attach any relevant new articles, press releases, advertisements, public service announcements, brochures, etc. regarding the CDBG funded project activity reported on during this period.

Attached Material:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
<small>(Please check one)</small>				

Additional Comments:

OFFICE USE ONLY:



ANNUAL MONITORING





ANNUAL MONITORING

When will you get monitored?

- ✓ On an annual basis your program will be evaluated through a Risk Assessment process to determine if you will undergo an onsite monitoring visit by DPHCD staff.
- ✓ A desk review is first performed to determine if the subrecipient is has a number of risk factors and should be monitored.
- ✓ The higher the risk, the more likely the program will be monitored.
- ✓ At the very least:
 - Every three years a program will be monitored.
 - New programs are automatically monitored
 - If a program received a finding from the previous year will be monitored.

CITY OF NEW BEDFORD
OFFICE OF HOUSING & COMMUNITY DEVELOPMENT
SUBRECIPIENT MONITORING
RISK ASSESSMENT

Subrecipient: ABC Public Services Date: December 1, 2011

Contract: _____

Year Funded: 2011 Award Amount: \$100,000

OBHD Contact (Person Doing Risk Assessment): Joseph L. Mata

Funding Source (check): CDBG, ESG, HOP, HOME

RISK FACTORS:

Check as many as applicable

- ___ Agency new to program
- ___ New Project for existing agency
- ___ New or high risk contract
- ___ Implementing multiple federal funds/projects for first time
- ___ District more than 75% of performance measures for the project in past year
- ___ Recent history of high risk awards
- ___ Inactive or inactive development services contracts in past year
- ___ Project will be substantially implemented by agency volunteer(s)
- ___ Project funded by 100% CDBG or HOME
- ___ Project will require long-term maintenance (e.g. low cost, off-ability, etc.)
- ___ Recent history of low cost or off-ability of performance measures in past year
- ___ Other (specify): _____

___ Find Checked

___ High Risk (2 or more risk factors checked)

___ Mid Risk (0 or 1 risk factors checked)

___ Low Risk (0 or 1 risk factors checked)

Comments: _____

Recommend: ___ On Site Monitoring & Desk Review
___ Desk Review Only



Three Focus Areas:

**Program
performance**

**Financial
performance**

**Regulatory
performance**





Expectations:

- **Contract Scope of Services**
Is it consistent with actual activities?
- **Levels of Accomplishments**
Planned versus actual
- **Time of Performance**
Are there issues with program start-up?
- **Budget**
Compare actual expenditures versus planned expenditures
- **Requests for Payment**
Timeliness
- **Recordkeeping**
Comprehensiveness and accuracy of documentation (activities, costs and beneficiaries)
- **Financial Management**
Systems in place—accounting, expenses, income



PROGRAM CHANGES





PROGRAM CHANGES

- **Mandatory Technical Assistance Workshops:**
 - ✓ Subrecipient Technical Assistance Workshop (*June 2016*)
 - ✓ RFP Technical Assistance Workshop (*January 2017*)

- **Subrecipient Agreements OMB changes:**
 - ✓ Super Circular 2 CFP Part 200 supersedes requirements from OMB Circulars A-21, A-87, A-110, and A-122.

 - ✓ References in the Subrecipient Agreements have now been changed to reflect this.





PROGRAM CHANGES

- **Budget Summary**
All subrecipient agreements now have Appendix D Budget Summary with leveraged amounts.
- **Procurement**
All subrecipient agreements now have Appendix E Procurement Policy. The policy has been updated to reflect new MGL c.30B regulations and the city's own Purchasing Department requirements.
- **Amendment Process**
In FY15, the DPHCD implemented a uniform amendment policy and forms for the CDBG, ESG, and CoC programs. Subrecipients must now follow the amendment process in order to amend their budgets and scope of service.



PROGRAM CHANGES

- Quarterly Evaluations
In FY16, subrecipients will receive a Quarterly Evaluation Report that is prepared by DPHCD staff and based on your quarterly and YDT performance.

Topic include:

- Goals and Objectives Review
- Financial Review

Further, each section will have any comments or concerns related to performance.

CITY OF NEW BEDFORD						
DEPARTMENT OF PLANNING, HOUSING & COMMUNITY DEVELOPMENT						
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM						
1ST QUARTER - EVALUATION REPORT: FY 2015						
Contracting Agency:						
Agency Address:						
CDBG Project Name:						
CDBG Grant Amount:						
Report Completed By:						
Report Period:	07/1/15 thru 09/30/15					
1. GOALS AND OBJECTIVES REVIEW:						
Goal - Total Persons to be Served					171	
	1st QRT	2nd QRT	3rd QRT	4th QRT	TOTAL	
New Clients	200				200	
Returning Clients	120				120	
Totals	320	0	0	0	320	
SUBMISSION AND REVIEW OF CLIENT STATISTICAL DATA					Yes	No
1A. Did the subrecipient submit a quarterly report according to submission schedule?					X	
1B. Did the subrecipient submit complete and accurate client data for this quarter?					X	
1C. Did the subrecipient provide a performance measurement narrative report?					X	
1D. Is the subrecipient providing timely services according to their scope of work?					X	
1E. Were any issues or concerns identified with either the stats or narrative report?						X



CONTACTS





Joseph Maia

Grants Compliance Coordinator

Program Questions

Jose.maia@newbedford-ma.gov

Rob Tetrault

Finance Manager

Finance Questions

RTetrault@newbedford-ma.gov

Tanika Gonzalez

Office Manager

General Questions

Tanika.Gonzalez@newbedford-ma.gov

CDBG

SUBRECIPIENT TA WORKSHOP

Patrick J. Sullivan, Director

PatrickS@newbedford-ma.gov

PHONE: 508 979-1500

FAX: 508 979-1575

WEBSITE: www.newbedford-ma.gov

City of New Bedford
Department of Planning, Housing
& Community Development





CDBG

SUBRECIPIENT
TA WORKSHOP

City of New Bedford
Department of Planning, Housing & Community Development

