ESG

SUBRECIPIENT TA WORKSHOP

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

ESG

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

AGENDA

- ESG Refresher
- Understanding the SubRecipient Agreement
  - Why a subrecipent agreement?
  - 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

ESG REFRESHER

Five eligible ESG program components:

- ✓ Street Outreach;
- ✓ Emergency Shelter;
- ✓ Homeless Prevention;
- ✓ Rapid Re-Housing Assistance; and
- ✓ Homeless Management Information System (HMIS)

Who benefits from ESG?

- ✓ Very low income households (at or below 30% of the area median income),
- ✓ People experiencing homelessness, or
- ✓ Those at-risk of homelessness.

Talk to me about matching…

- ✓ Subrecipients must match ESG funds a minimum of 100% from non-ESG sources.

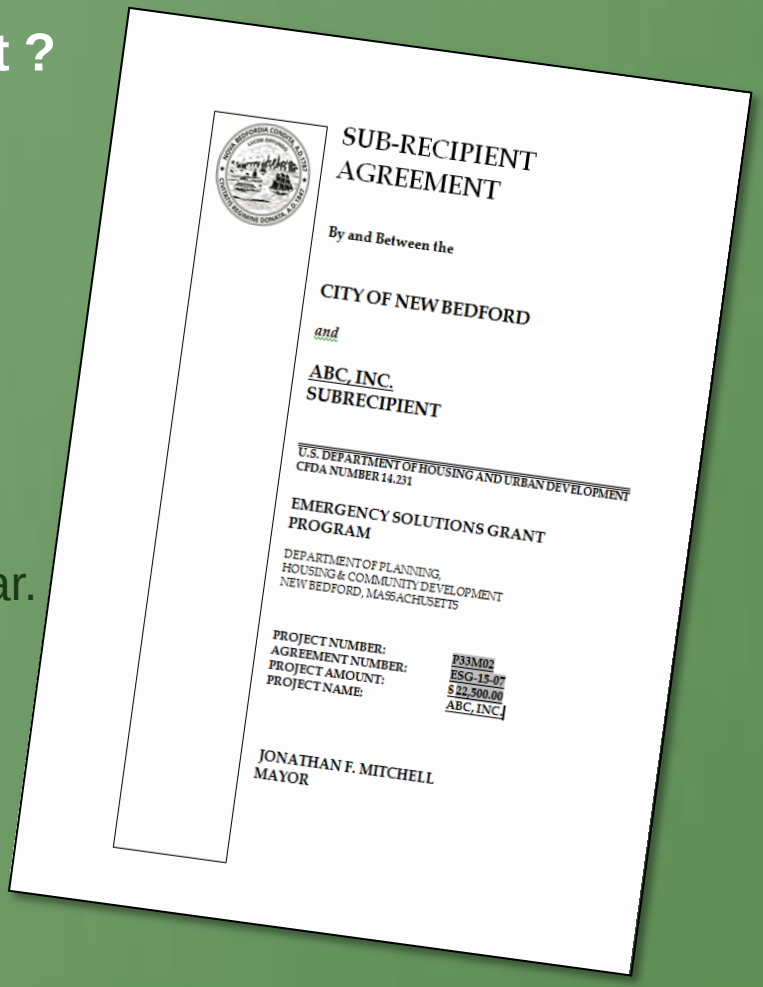
- ✓ Applicants may use any of the following as sources of match:
  - *Cash;*
  - *The value or fair rental value of any donated material or building;*
  - *The value of any lease on a building;*
  - *Any salary paid to staff to carry out the program; and*
  - *The value of the time and service contributed by volunteers to carry out the program. NOTE: Volunteers providing professional services [e.g. medical, legal services] are valued at the reasonable and customary rate in the community.*

UNDERSTANDING the SUBRECIPIENT AGREEMENT

UNDERSTANDING the SUBRECIPIENT AGREEMENT

Why a Subrecipient Agreement ?

- ✓ The city is the recipient of federal ESG 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.



SUB-RECIPIENT AGREEMENT

By and Between the

CITY OF NEW BEDFORD

and

ABC, INC.
SUBRECIPIENT

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
CFDA NUMBER 14.231

EMERGENCY SOLUTIONS GRANT PROGRAM

DEPARTMENT OF PLANNING,
HOUSING & COMMUNITY DEVELOPMENT
NEW BEDFORD, MASSACHUSETTS

PROJECT NUMBER: P33M02
AGREEMENT NUMBER: ESG-15-07
PROJECT AMOUNT: $ 22,500.00
PROJECT NAME: ABC, INC.

JONATHAN F. MITCHELL
MAYOR

UNDERSTANDING the SUBRECIPIENT AGREEMENT

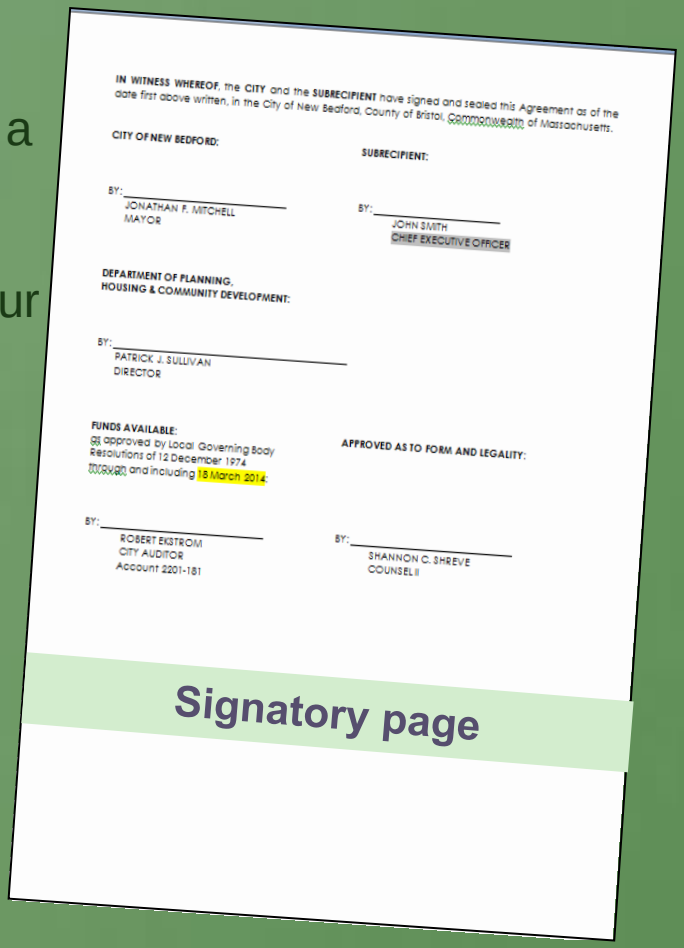
Key Sections of the Agreement:

- ✓ 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 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, Commonwealth of Massachusetts.

CITY OF NEW BEDFORD:

BY: _____
JONATHAN F. MITCHELL
MAYOR

SUBRECIPIENT:

BY: _____
JOHN SMITH
CHIEF EXECUTIVE OFFICER

DEPARTMENT OF PLANNING, HOUSING & COMMUNITY DEVELOPMENT:

BY: _____
PATRICK J. SULLIVAN
DIRECTOR

FUNDS AVAILABLE:
as approved by Local Governing Body Resolutions of 12 December 1974 through and including 18 March 2014.

BY: _____
ROBERT EKSTROM
CITY AUDITOR
Account 2201-181

APPROVED AS TO FORM AND LEGALITY:

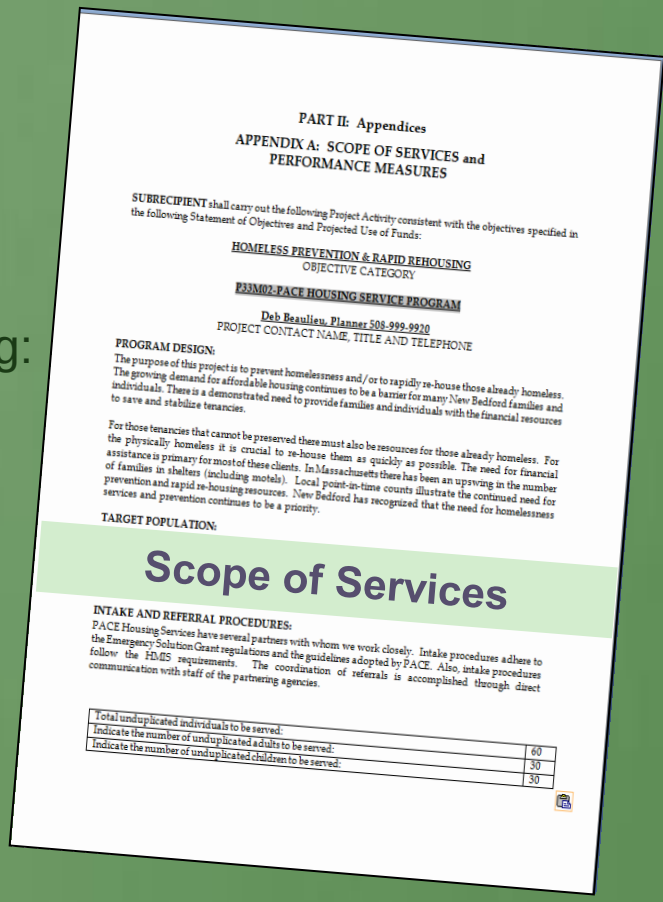
BY: _____
SHANNON C. SHREVE
COUNSEL II

Signatory page

UNDERSTANDING the SUBRECIPIENT AGREEMENT

Scope of Services:

- ✓ Based on the final description of the awarded activity and intended to describe the ESG 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.



PART II: Appendices

APPENDIX A: SCOPE OF SERVICES and PERFORMANCE MEASURES

SUBRECIPIENT shall carry out the following Project Activity consistent with the objectives specified in the following Statement of Objectives and Projected Use of Funds:

HOMELESS PREVENTION & RAPID REHOUSING
OBJECTIVE CATEGORY

F33M02-PACE HOUSING SERVICE PROGRAM

Deb Beaulieu, Planner 508-999-9920
PROJECT CONTACT NAME, TITLE AND TELEPHONE

PROGRAM DESIGN:
The purpose of this project is to prevent homelessness and/or to rapidly re-house those already homeless. The growing demand for affordable housing continues to be a barrier for many New Bedford families and individuals. There is a demonstrated need to provide families and individuals with the financial resources to save and stabilize tenancies.

For those tenancies that cannot be preserved there must also be resources for those already homeless. For the physically homeless it is crucial to re-house them as quickly as possible. The need for financial assistance is primary for most of these clients. In Massachusetts there has been an upswing in the number of families in shelters (including motels). Local point-in-time counts illustrate the continued need for prevention and rapid re-housing resources. New Bedford has recognized that the need for homelessness services and prevention continues to be a priority.

TARGET POPULATION:

Scope of Services

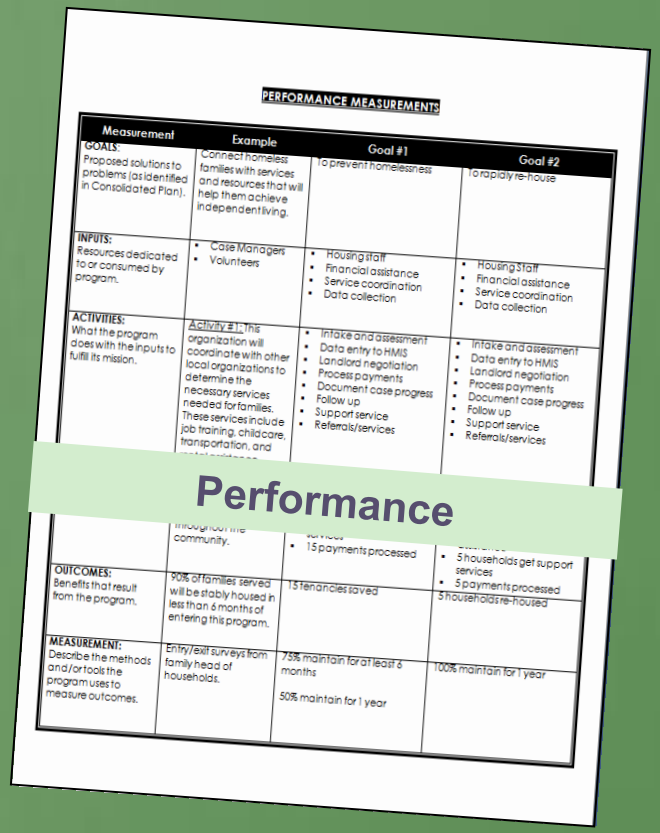
INTAKE AND REFERRAL PROCEDURES:
PACE Housing Services have several partners with whom we work closely. Intake procedures adhere to the Emergency Solution Grant regulations and the guidelines adopted by PACE. Also, intake procedures follow the HMIS requirements. The coordination of referrals is accomplished through direct communication with staff of the partnering agencies.

Total unduplicated individuals to be served:	60
Indicate the number of unduplicated adults to be served:	30
Indicate the number of unduplicated children to be served:	30

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:
  - *Goals*
  - *Inputs*
  - *Proposed activity*
  - *Expected outputs and outcomes*
  - *Measurement*
- ✓ See page 32 or Appendix A of agreement.



PERFORMANCE MEASUREMENTS

Measurement	Example	Goal #1	Goal #2
GOALS: Proposed solutions to problems (as identified in Consolidated Plan).	Connect homeless families with services and resources that will help them achieve independent living.	To prevent homelessness	To rapidly re-house
INPUTS: Resources dedicated to or consumed by program.	• Case Managers • Volunteers	• Housing staff • Financial assistance • Service coordination • Data collection	• Housing Staff • Financial assistance • Service coordination • Data collection
ACTIVITIES: What the program does with the inputs to fulfill its mission.	Activity #1: This organization will coordinate with other local organizations to determine the necessary services needed for families. These services include job training, childcare, transportation, and	• Intake and assessment • Data entry to HMIS • Landlord negotiation • Process payments • Document case progress • Follow up • Support service • Referrals/services	• Intake and assessment • Data entry to HMIS • Landlord negotiation • Process payments • Document case progress • Follow up • Support service • Referrals/services
	throughout the community.	• 15 payments processed	• 5 households get support services • 5 payments processed
OUTCOMES: Benefits that result from the program.	90% of families served will be stably housed in less than 6 months of entering this program.	15 tenancies saved	5 households re-housed
MEASUREMENT: Describe the methods and/or tools the program uses to measure outcomes.	Entry/exit surveys from family head of households.	75% maintain for at least 6 months 50% maintain for 1 year	100% maintain for 1 year

Performance

UNDERSTANDING the SUBRECIPIENT AGREEMENT

Reimbursements

How do we get our money?

- ✓ 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.

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?

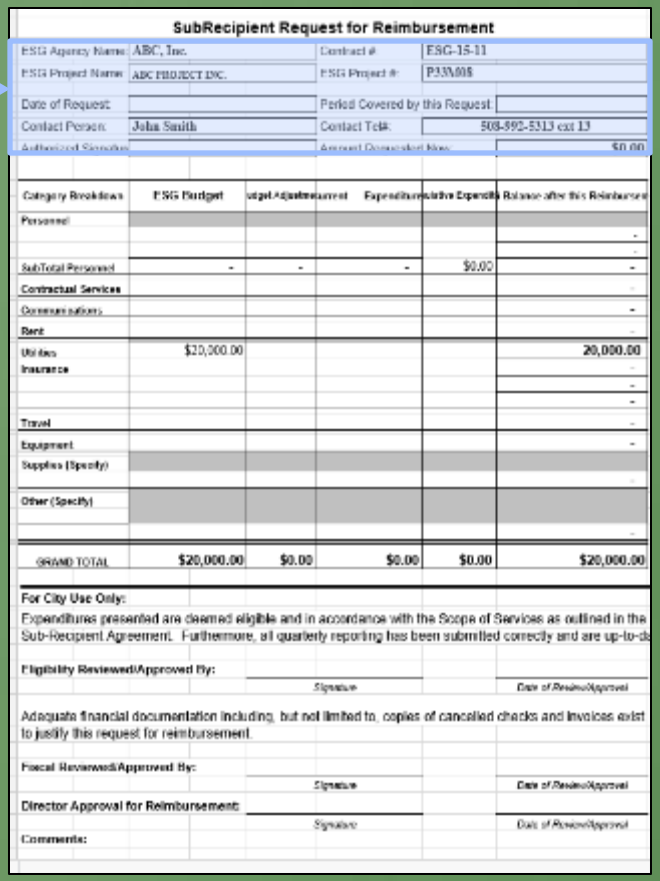
UNDERSTANDING the SUBRECIPIENT AGREEMENT

Reimbursements

- ✓ Use the Reimbursement Form!
  If you want to request reimbursement for your ESG 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

ESG Agency Name:	ABC, Inc.	Contract #:	ESG-15-11
ESG Project Name:	ABC PROJECT INC.	ESG Project #:	P33A016
Date of Request:		Period Covered by this Request:	
Contact Person:	John Smith	Contact Tel#:	508-992-5313 ext 13
Authorized Signature:		Amount Requested Now:	$0.00

Category Breakdown	ESG Budget	Budget Adjustment	Current Expenditure	Cumulative Expenditure	Balance after this Reimbursement
Personnel					
					-
					-
SubTotal Personnel	-	-	-	$0.00	-
Contractual Services					-
Communications					-
Rent					-
Utilities	$20,000.00				20,000.00
Insurance					-
					-
					-
Travel					-
Equipment					-
Supplies (Specify)					
					-
Other (Specify)					
					-
GRAND TOTAL	$20,000.00	$0.00	$0.00	$0.00	$20,000.00

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-da

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

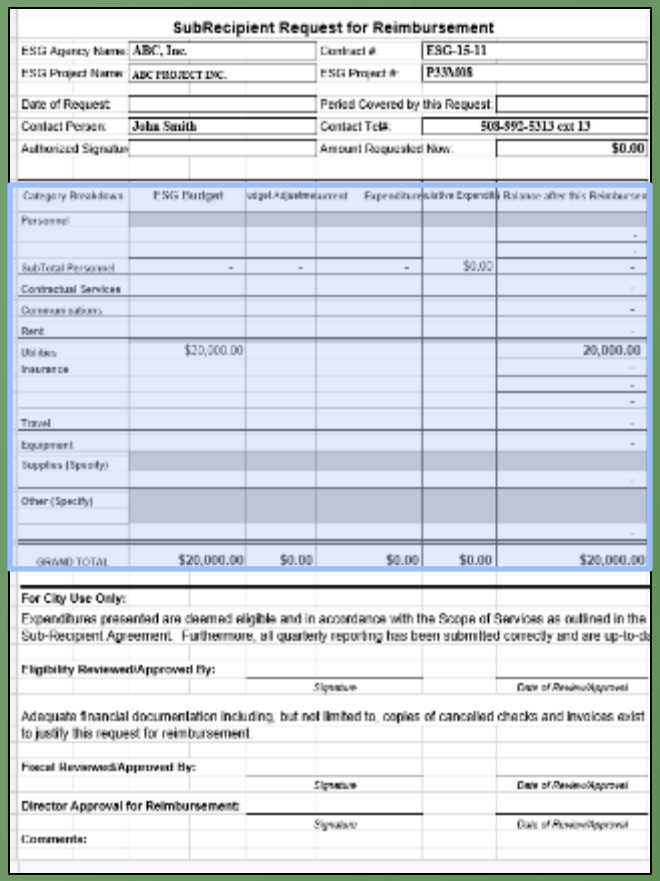
Director Approval for Reimbursement: _____ Signature _____ Date of Review/Approval

Comments:

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

ESG Agency Name:	ABC, Inc.	Contract #:	ESG-15-11
ESG Project Name:	ABC PROJECT INC.	ESG Project #:	P33A016
Date of Request:		Period Covered by this Request:	
Contact Person:	John Smith	Contact Tel#:	508-592-5313 ext 13
Authorized Signature:		Amount Requested Now:	$0.00

Category Breakdown	ESG Budget	Budget Adjustment	Current Expenditure	Cumulative Expenditure	Balance after this Reimbursement
Personnel					
					-
					-
SubTotal Personnel	-	-	-	$0.00	-
Contractual Services					-
Communications					-
Rent					-
Utilities	$20,000.00				20,000.00
Insurance					-
					-
					-
Travel					-
Equipment					-
Supplies (Specify)					
					-
Other (Specify)					
					-
GRAND TOTAL	$20,000.00	$0.00	$0.00	$0.00	$20,000.00

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-da

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

Comments:

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. If something 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 ESG 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

ESG Agency Name:	ABC, Inc.	Contract #:	ESG 15-05
ESG Project Name:	ABC Program Inc.	ESG Project #:	P33M06
Date of Request:		Period Covered by this Request:	
Contact Person:	John Smith	Contact Tel#:	508 979-1500
Authorized Signature:		Amount Requested Now:	$0.00

Category Breakdown	ESG Budget	Budget Adjustment	Current Expenditures	Cumulative Expenditures	ESG Balance after this Reimbursement
Personnel					
Case Manager	$12,800.00				12,800.00
					-
SubTotal Personnel	12,800.00	-	-	-	12,800.00
Contractual Services					-
Communications					-
Insurance					-
Utilities	$6,450.00				6,450.00
Insurance	$1,750.00				1,750.00
					-
Travel					-
Equipment					-
Supplies *(Specify)*					
					-
Other *(Specify)*					
					-
GRAND TOTAL	**$21,000.00**	**$0.00**	**$0.00**	**$0.00**	**$21,000.00**

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-dat

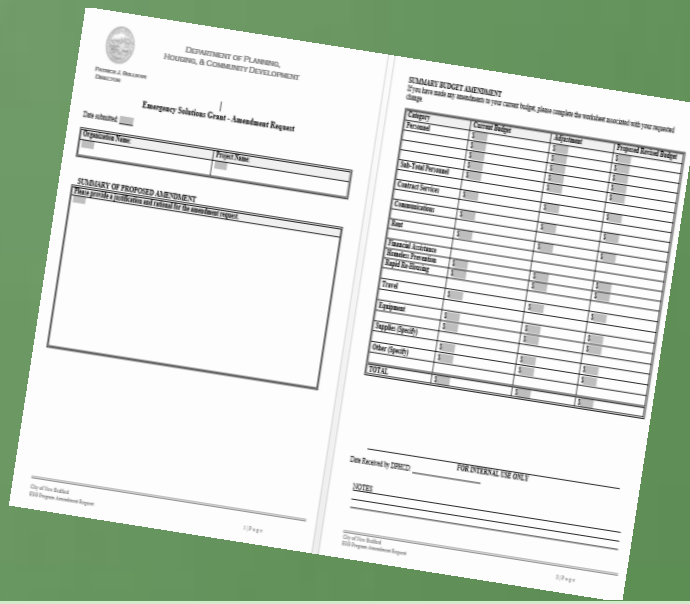
Eligibility Reviewed/Approved By:

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 your 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.



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 31 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

INCOME CERTIFICATIONS

✓ HUD requirement

- IMPORTANT - All participants in CDBG funded programs are required to complete and sign an income certification form.
- On an annual basis, DPHCD staff provide subrecipients with an income certification form that has the specific income limits for that particular program year.
- In order for a participant to be counted, they must complete the income certification form.
- NOTE – Do not use old income certification forms. Only use the most current certification for provided by DPHCD. We are currently in FY2016.

CITY OF NEW BEDFORD
Department of Planning, Housing and Community Development

INCOME CERTIFICATION FORM
FISCAL YEAR 2016

Individual/Family assisted by
Emergency Solutions Grant Funded Activity

Income Limits required by the U.S. Dept. of Housing & Urban Development – *please circle one.*

INCOME LEVEL	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Extremely Low Income (30%)	0 - 12,400	0 - 14,150	0 - 15,900	0 - 17,650	0 - 19,100	0 - 20,500	0 - 21,900	0 - 23,300

Ethnicity: *(select one only)* ____ Hispanic or Latino ____ Not Hispanic or Latino

Race: (select *one*)
____ White
____ Black /African American
____ Asian
____ American Indian/Alaskan Native
____ Native Hawaiian/Other Pacific Islander
____ American Indian/Alaskan Native & White
____ Asian & White
____ Black/African American & White
____ Am. Indian/Alaskan Native & Black/African Am.
____ Other Multi-Racial
____ Asian/Pacific Islander

Other: *(select all that apply)*
____ Seniors (62 years or older)
____ Handicapped or Disabled
____ Female Head of Household
____ Minors (up to age 18)

_____ _____
Applicants' Signature **Typed or Printed Name**

If client is below 18 years of age, parent or legal guardian must verify income and sign form.
I certify, under the penalties of law, this income information is correct and I understand that the information I have provided on my family income is subject to verification by authorized representatives of the City of New Bedford Office of Housing and Community Development, and the U.S. Department of Housing and Urban Development.

This information will be kept confidential and used for HUD monitoring purposes only.

Signature of Parent/Legal Guardian:_____ **Date:** _____

ESG Income Certification FY16 Effective 7/01/16

REPORTING

Quarterly Reports

- ✓ HUD requirement
  - Reporting as the means to assess the productivity and impact of programs through a performance and outcome measurement system.
  - Subrecipients are required to use HMIS to enter clients' statistical data on a quarterly basis.
  - Quarterly monitoring report serves as a tool to identify any issues with program compliance .

Quarterly Reports

- ✓ Subrecipients are required to enter client data into HMIS on a quarterly basis.
- ✓ Upon review of the HMIS data, DPHCD will contact subrecipients if you failed to enter data into HMIS or if your data was entered incorrectly.

HMIS Data should be entered in real time!

REPORTING REQUIREMENTS

Quarterly Reports

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

SERVICE PERIOD	REPORT DUE DATE
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!

Quarterly Reports

- ✓ DPHCD Staff are currently developing a new DPHCD Quarterly Report format that will be distributed prior to the 1st Quarterly Report.
- ✓ As part of the Quarterly submission process, each subrecipient will provide an APR format report from Simtech Solutions for that specific quarter.
- ✓ This quarterly APR report and data will be the basis for your DPHCD Quarterly Reports and narrative response.
- ✓ More information will be provided in the next few months.

ANNUAL MONITORING

ANNUAL MONITORING

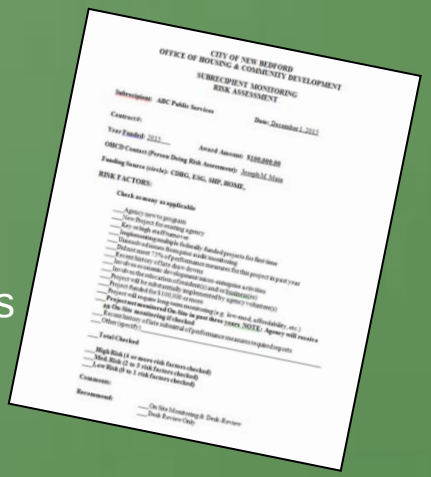
When will you get monitored?

- ✓ 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

Contract#: Date: December 1, 2015

Year Funded: 2015

Award Amount: $100,000.00

OHCD Contact (Person Doing Risk Assessment): Joseph M. Main

Funding Source (circle): CDBG, ESG, SHP, HOME,

RISK FACTORS:

Check as many as applicable

___Agency new to program
___New Project for existing agency
___Key or high staff turnover
___Implementing multiple federally funded projects for first time
___Unresolved issues from prior audit monitoring
___Did not meet 75% of performance measures for this project in past year
___Recent history of late draw downs
___Involves economic development issues-enterprise activities
___Involves the relocation of residents(s) and or business(s)
___Project will be substantially implemented by agency volunteer(s)
___Project funded for $100,000 or more
___Project will require long-term monitoring (e.g. low-mod, affordability, etc.)
___Project not monitored On-Site in past three years NOTE: Agency will receive an On-Site monitoring if checked
___Recent history of late submittal of performance measures/required reports
___Other (specify):

___Total Checked

___High Risk (4 or more risk factors checked)
___Mod. Risk (2 to 3 risk factors checked)
___Low Risk (0 to 1 risk factors checked)

Comments:

Recommend: ___On-Site Monitoring & Desk Review
___Desk Review Only

Three Focus Areas:

- Program Performance
- Financial Performance
- Regulatory Performance

ANNUAL MONITORING

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 CFR 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 match 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.

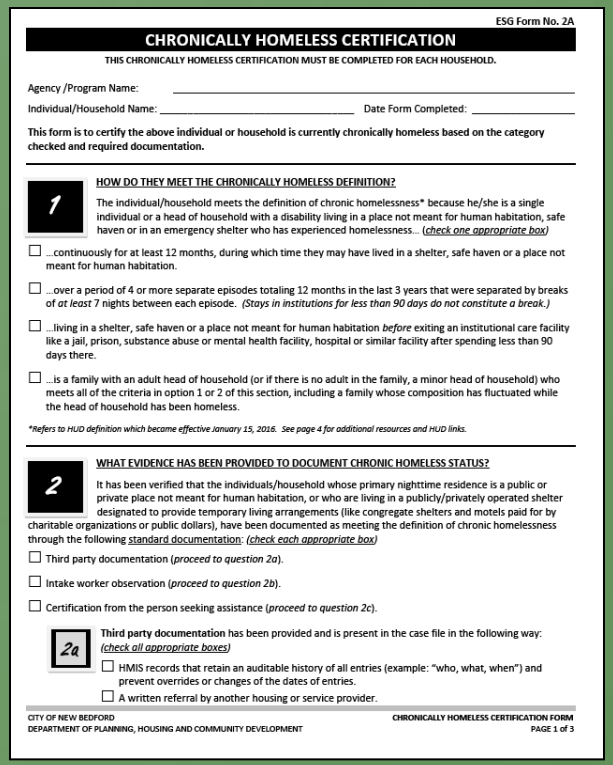
- HMIS Quarterly Monitoring
  In FY16 the DPHCD will provide you with ongoing technical assistance and resources so that you can properly report client data into HMIS.

PROGRAM CHANGES

- Chronic Homeless Definition
  In January 2016 - HUD updated the Chronic Homeless Definition and requirements.

  DPHCD provided both technical guidance and checklist form that all ESG subrecipient must use in order to determine if a client is chronically homeless according to HUD's new definition.

  Chronic Homeless guidance and checklist form will be sent again to all ESG subrecipients.



ESG Form No. 2A

CHRONICALLY HOMELESS CERTIFICATION

THIS CHRONICALLY HOMELESS CERTIFICATION MUST BE COMPLETED FOR EACH HOUSEHOLD.

Agency /Program Name: _____

Individual/Household Name: _____ Date Form Completed: _____

This form is to certify the above individual or household is currently chronically homeless based on the category checked and required documentation.

1 **HOW DO THEY MEET THE CHRONICALLY HOMELESS DEFINITION?**

The individual/household meets the definition of chronic homelessness* because he/she is a single individual or a head of household with a disability living in a place not meant for human habitation, safe haven or in an emergency shelter who has experienced homelessness… (*check one appropriate box*)

☐ …continuously for at least 12 months, during which time they may have lived in a shelter, safe haven or a place not meant for human habitation.

☐ …over a period of 4 or more separate episodes totaling 12 months in the last 3 years that were separated by breaks of *at least* 7 nights between each episode. *(Stays in institutions for less than 90 days do not constitute a break.)*

☐ …living in a shelter, safe haven or a place not meant for human habitation *before* exiting an institutional care facility like a jail, prison, substance abuse or mental health facility, hospital or similar facility after spending less than 90 days there.

☐ …is a family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in option 1 or 2 of this section, including a family whose composition has fluctuated while the head of household has been homeless.

**Refers to HUD definition which become effective January 15, 2016. See page 4 for additional resources and HUD links.*

2 **WHAT EVIDENCE HAS BEEN PROVIDED TO DOCUMENT CHRONIC HOMELESS STATUS?**

It has been verified that the individuals/household whose primary nighttime residence is a public or private place not meant for human habitation, or who are living in a publicly/privately operated shelter designated to provide temporary living arrangements (like congregate shelters and motels paid for by charitable organizations or public dollars), have been documented as meeting the definition of chronic homelessness through the following standard documentation: *(check each appropriate box)*

☐ Third party documentation (*proceed to question 2a*).

☐ Intake worker observation (*proceed to question 2b*).

☐ Certification from the person seeking assistance (*proceed to question 2c*).

2a **Third party documentation** has been provided and is present in the case file in the following way: *(check all appropriate boxes)*

☐ HMIS records that retain an auditable history of all entries (example: "who, what, when") and prevent overrides or changes of the dates of entries.

☐ A written referral by another housing or service provider.

CITY OF NEW BEDFORD
DEPARTMENT OF PLANNING, HOUSING AND COMMUNITY DEVELOPMENT

CHRONICALLY HOMELESS CERTIFICATION FORM
PAGE 1 of 3

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
EMERGENCY SOLUTIONS GRANT PROGRAM

2ND QUARTER - EVALUATION REPORT: FY 2015

Contracting Agency:	
Agency Address:	
ESG Project Name:	
ESG Grant Amount:	
Report Completed By:	Joseph Maia, Grants Compliance Coordinator
Report Period:	10/1/15 thru 12/31/15
ESG Activity:	Rapid Re-Housing (RRH) / Homeless Prevention (HP)

1. GOALS AND OBJECTIVES REVIEW:

Goal - Total Persons to be Served	300

PROFILE	1st QRT	2nd QRT	3rd QRT	4th QRT	TOTAL
New Clients (RRH)	31	17			48
New Clients (HP)	85	38			123
TOTAL	116	55	0	0	171
YTD PERCENTAGE DRAWN DOWN	39%	18%	0%	0%	57%

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 HMIS 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

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SUBRECIPIENT TA WORKSHOP

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