**State of Rhode Island**

**Office of Housing and Community Development**

**PY19 Supplemental Application Forms - COVID Appendix**

**COVID Checklist**

**All COVID Activities:**

 Completed COVID Connection Form

 Non-Profit Subrecipient CFO/CEO Certification

**COVID Activities submitted under UN National objective only**

 Urgent Need Certification

 Evidence other resources not available

 Copies of funding/financial commitment (or denial) letters

**COVID Connection**

**Municipality: Date:**

**Subrecipient: Project:**

Public Service proposals above the cap must prevent, prepare for, and/or respond to coronavirus impacts. For such activities, respond to each of the following questions and attach supporting documentation. A separate brief (1-2 paragraph) response should generally be sufficient for each question 1-6. If applicable, utilize Rhode Island Dept. of Health data points. You may want to attach screenshots from <https://ri-department-of-health-covid-19-data-rihealth.hub.arcgis.com/> .

1. Population: Identify the population to be served. The service may be available to the general population or may be limited to a specific population. Specify whether it is a) targeted to a certain population, with others allowed to benefit, OR b) reserved for only a specific group, with others ineligible for service.
2. Service Description: Copy and paste the description of the service from the main application form.
3. COVID Impacts and Timing: Describe the specific COVID-19 impact(s) the service is designed to address, noting when the impact(s) began. Include data and/or cite references, if available.
4. COVID Impacts on Population: If the population to be served is at greater risk or has experienced a more adverse impact than the general population, describe the differences.
5. COVID Impacts on Service: How is the service different (new, expanded, altered) because of COVID-19? Be specific.
6. COVID Impacts on Budget: Please provide a narrative explaining how the service provider utilized this information to develop a cost estimate /budget for the proposed service.
7. Schedule: Is the service provider requesting reimbursement for services rendered prior to application? After award? Both? (Costs incurred prior to March 9, 2020 are not eligible for assistance.)

Enter the Proposed Start Date: Proposed End Date:

1. National Objective:

Mark one: Low/Mod Clientele Low/Mod Area Benefit Urgent Need\*

 Clients Served (mark one): Persons Families Households Other:

 Total Number Served:

 Total Number of Low/Moderate Served:

\*Proposals for activities under the Urgent Need National Objective must complete the *Urgent Need National Objective Form*.

**Non-Profit Subrecipient CFO/CEO Certification**

Copy the text below onto the Organization’s letterhead and have signed by CFO or CEO/Executive Director/President:

I, INSERT NAME, certify that I am the chief financial officer or chief executive officer of the applicant organization, INSERT ORGANIZATION NAME. In that capacity, I further certify the following:

1. I have been notified that my organization is requesting a grant via an eligible municipality for Community Development Block Grant (CDBG) funds for COVID activities under the State of Rhode Island CDBG Program.
2. CDBG funds are allocated by U.S. Department of Housing and Urban Development (HUD) and are subject to all applicable federal regulations at 24 CFR 570 and 2 CFR 200. The State CDBG Program is administered by the State of Rhode Island, Office of Housing and Community Development (OHCD), and is subject to applicable state laws, including state procurement regulations. I understand that both HUD and OHCD may monitor and/or audit all records related to any CDBG-funded programs.
3. If awarded, I am prepared to maintain, track and provide full financial documentation for CDBG-funded program and activities, including costs not supported by CDBG. I am aware that my organization will be responsible for:
	1. Establishing separate accounts and/or cost centers for any CDBG funded programs or services;
	2. Ensuring employees track actual hours worked on each CDBG supported activity via signed weekly or biweekly timesheets;
	3. Maintaining logs of clients served for each CDBG supported activity;
	4. Maintaining records (invoices, receipts, etc.) of costs incurred for each CDBG supported activity;
	5. Ensuring competitive procurement in accordance with 2 CFR 200, and fully documenting procurement actions;
	6. Documenting that all costs are necessary and reasonable; and
	7. Providing records of period-to-period costs (i.e. March-June 2020 and March-June 2019) and documentation of other committed funding (stimulus, non-stimulus, public, private), for existing programs that are operating at higher costs and/or facing rising demand due to COVID-19.
4. I have been informed that additional requirements may apply, such as compliance with duplication of benefits requirements under the Stafford Act. In such instances, OHCD will make all reasonable efforts to notify my organization of the specific requirements at time of award.

Date: Signed:

Name: Title:

**Urgent Need National Objective Form**

In order to meet national objectives, communities which propose activities designed to meet community development needs having a particular urgency must attach the following documentation:

1. A signed certification on municipal letterhead using the language provided below, for each activity submitted under the urgent need national objective.
2. A description of the nature and degree of seriousness of the conditions requiring assistance (such as a completed *COVID Connection Form*);
3. Information on the timing of the development of the serious condition (such as relevant state executive orders, data on disaster/emergency impacts, and/or local orders, or completed *COVID Connection Form*); and
4. Evidence confirming that other financial resources to alleviate the need were not available (such as city/town council minutes, finance dept. records, etc.) and copies of funding/financial commitment (or denial) letters from other funders.

**Please copy the text below onto Municipal Letterhead and have signed by Executive Official:**

The City/Town of hereby certifies and assures that:

 A. The proposed activity, titled , is designed to alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community.

 B. The condition is of recent origin or recently became urgent. (Recent origin is defined as a condition that developed, or became critical, within 18 months of the certification.)

 C. It is unable to finance the activity on its own and other resources to finance the activity are not available.

Date: Signed:

Name: Title: