

#### **HOUSING STAFF**

- Denise Sanderson Director
- Chuck Lane Assistant Director
- Terry Malcolm-Smith Senior Housing Coordinator
- Irin Gomez Housing Coordinator
- Brenda Douglas Senior Accountant
- Kara Grande Housing Coordinator
- Gabe Parra Community Development Coordinator
- Dania Perez Housing Coordinator
- Dylan Mayeux Sr. Real Estate Coordinator



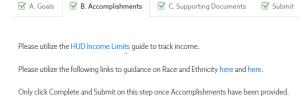
#### THE BASICS

- Assist Extremely Low- to Moderate-Income Persons (0% to 80% AMI)
- Submit One (1) Draw Request Per Month Due by 10<sup>th</sup> of Every Month
- Submit Accomplishment Report by 10<sup>th</sup> of Every Month (same time)
- Report any Changes in Key Personnel to City ASAP



#### INCOME LIMITS - CDBG

#### Compliance Reports > Monthly Reports >

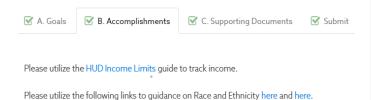


				G Income Li			
Household Size		0 to <b>0%</b> AMI remely Low)		30+ to <b>50%</b> AMI (Low)		50+ to <b>80%</b> AMI (Moderate)	Above 80% AMI (Non-Low/Moderate)
1 Person	\$	18,250	\$	30,450	\$	48,650	N/A
2 Persons	\$	20,850	\$	34,800	\$	55,600	N/A
3 Persons	\$	23,450	\$	39,150	\$	62,550	N/A
4 Persons	\$	26,050	\$	43,450	\$	69,500	N/A
5 Persons	\$	28,150	\$	46,950	\$	75,100	N/A
6 Persons	\$	30,250	\$	50,450	\$	80,650	N/A
7 Persons	\$	32,350	\$	53,900	\$	86,200	N/A
8 Persons	\$	34,400	\$	57,400	\$	91,750	N/A
	Media	n Family Inco	me (	MFI) Rounded -	\$89,	,400 (Effective 05-15-2	2023)



#### INCOME LIMITS - SHIP

Compliance Reports > Monthly Reports >



Only click Complete and Submit on this step once Accomplishments have been provided.

			P Income Li ctive May 15, 2					
Household Size	0 to 30% AMI (Extremely Low)		30+ to <b>50%</b> AMI (Very Low)		50+ to <b>0%</b> AMI (Low)	80+ to 120% AMI (Moderate)		
1 Person	\$	18,250	\$ 30,450	\$	48,650	\$	73,080	
2 Persons	\$	20,850	\$ 34,800	\$	55,600	\$	83,520	
3 Persons	\$	24,860	\$ 39,150	\$	62,550	\$	93,960	
4 Persons	\$	30,000	\$ 43,450	\$	69,500	\$	104,280	
5 Persons	\$	35,140	\$ 46,950	\$	75,100	\$	112,680	
6 Persons	\$	40,280	\$ 50,450	\$	80,650	\$	121,080	
7 Persons	\$	45,420	\$ 53,900	\$	86,200	\$	129,360	
8 Persons	\$	50,560	\$ 57,400	\$	91,750	\$	137,760	



#### **DRAW REQUESTS**

SUMMARY	DOC	JMENTATION		
Oct 2021 Services	Uploa	d File		
DETAILS				
CATEGORY	O R I G I N A L A M O U N T	- OTHER DISBURSEMENTS		A M O U N T R E Q U E S T E D
Salary Support CDBG 2021/2022	\$10,000.00	\$ 0.00	\$ 10,000.00	\$ 0.00
Totals	\$10,000.00	\$ 0.00	\$ 10,000.00	\$ 0.00



## FY 2023-24 SUBRECIPIENT TRAINING DRAW REQUESTS

Invoice or Cover Letter on Letterhead Requesting Reimbursement

- Month Services Provided
- Dollar Amount
- Payee Address for Mailing Payments
- Signature, Handwritten or Legal Digital Signature

Not a legal digital signature, *Dania Perez* 



# SUPPORTING DOCUMENTATION: PUBLIC SERVICES

#### **For Salary Support:**

- Invoice to: City of Clearwater from Subrecipient. Please include company logo, address, invoice number, date and mailing address for check delivery and authorized personal signature.
- 2. Timesheet Activity Report
- 3. Timesheets
- **4. Proof of payment:** direct deposit paycheck stubs, bank statements or cancelled checks.

Em	pl. Name:								P	ay Perio	od Begin	Date:			
Rat	e of Pay:	\$			ay Cycle:	Hourly				Pay Pe	riod End	Date:			
			_												
	Period gin Date	Grand Total Hours	Regular Hours Worked	Clearwater CDBG Funding	Other" Funding	Other" Funding	Total	Vacation	Holidan	Sick	Training	SOC SEC	MED	Other	Other
Sat	01/00/1900	0		· ununuq			0					000 020			
Sun	01/01/1900	0					0								
**	01/02/1900	0	0				0								
Tue	01/03/1900	0	0				0								
**	01/04/1900	0	0				0								
The	01/05/1900	0	0				0								
Fri	01/06/1900	0					0								
WEE	K 1 TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	
															_
Sat	01/07/1900	0					0		_		-	_			
Sun	01/08/1900	0	0				0								<u> </u>
	01/09/1900	0					0		<b>—</b>		-		-		<u> </u>
Tue	01/10/1900	0					0								_
**	01/11/1900	0	_				0								_
The	01/12/1900	0	0				0								_
Fri	01/13/1900 K 2 TOTAL	0		0		0	0		0	0	0	0	0	0	
WLL	K Z TOTAL			U		0									
Sat	01/14/1900	0	0				0								
Sun	01/15/1900	0	0				0								
==	01/16/1900	0	0				0								
Tue	01/17/1900	0	0				0								
**	01/18/1900	0	0				0								
The	01/19/1900	0	0				0								
Fri	01/20/1900	0					0								
WEE	K 3 TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sat	01/21/1900	0	0				0								
	01/22/1900	0					0								
	01/23/1900	0					0								
	01/24/1900	0					0								
**	01/25/1900	0	0				0								
The	01/26/1900	0	0				0								
Fri	01/27/1900	0	0				0								
WEE	K 4 TOTAL	0	0	0	9	0	0	0	0	0	0	9	0	0	
_	DT 110	0	0	0	0	0	0	0	0	0	0	0	0	0	
	DTALS:				_	U	U		U	0		U			
				dates on t		must mate	ch your s	supporti	ng doci	umenta	ition.				
l ce	rtify that	the info	ormatio	n herein o	ontained	is true and	d comple	ete to th	e best o	of my kı	novled	ge.			
	Signatur	e: Emp	loyee			Date		Signat	ure: Su	perviso	r Appro	val	Date		



## FY 2023-24 SUBRECIPIENT TRAINING SUPPORTING DOCUMENTATION PUBLIC SERVICES

- Case Management / Salary Support for Public Services
  - Timesheet Activity Report
  - Individual Timesheets
  - Proof of Payment
    - Direct-Deposited Paycheck Stub or
    - Cancelled Checks

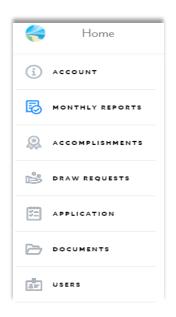


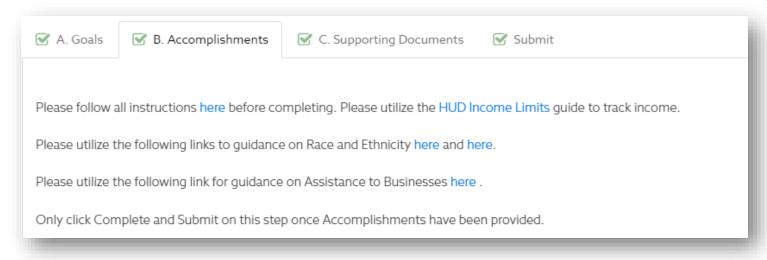
#### **NEXT STEP: ACCOMPLISHMENTS**

PUBLIC FACILITIES AND

PUBLIC SERVICES / ECONOMIC DEVELOPMENT









#### **ETHNICITY**

- Hispanic/Latino
- Non-Hispanic/Latino

#### ADDITIONAL INFORMATION

- What is the difference between race and ethnicity? Wouldn't Hispanic or Latino be someone's race?
- Asking about race and ethnicity confuses clients. Can I give a default answer?



#### ACCOMPLISHMENTS: PUBLIC SERVICES/ECO DEV AND FACILITIES

#### RACE - UNDUPLICATED

- 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 American
- Other Multi-Racial
- Client doesn't know his or her race (I do not know my race)
- Client refused to disclose his or her race (I decline to disclose my race)



TOTAL NUMBER OF PERSONS ASSISTED	
Total Number of Unduplicated Beneficiaries Assisted this Month	10



BENEFICIARIES - INCOME	
Number of Extremely Low Income persons assisted (at or below 30% AMI)	
Number of Low Income persons assisted (above 30% and at or below 50% AMI)	
Number of Moderate Income persons assisted (above 50% and at or below 80% AMI)	
Number of persons assisted who are NOT Low to Moderate Income (above 80% AMI)	
Totals	10



BENEFICIARIES - RACE/ETHNICITY	
White - Hispanic	
White - Non-Hispanic	
Black/African American - Hispanic	
Black/African American - Non-Hispanic	
Totals	10



PUBLIC SERVICES (05)	
Total Number of Persons Assisted	10
Of the Total Persons Assisted, the Number with New or Continuing Access to a Service or Benefit	10
Of the Total Number of Persons Assisted, The Number of Persons With Improved Access to a Service or Benefit	
Of the Total Number of Persons Assisted, The Number of Persons that Receive a Service or Benefit that is No Longer Substandard	
Female-Headed Households	

A. Goals	☐ B. Accomplishments	C. Su
Please follow a	all instructions here before co	ompletina.



Of the Total Persons Assisted, the Number with New or Continuing Access to a Service or Benefit Self-Explanatory

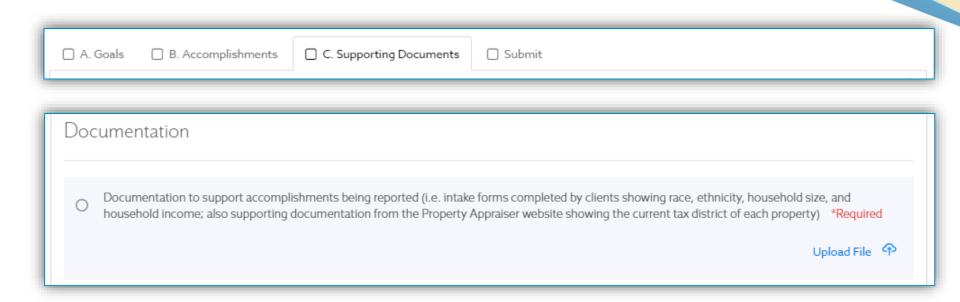
Of the Total Number of Persons Assisted, The Number of Persons with Improved Access to a Service or Benefit Improved access to a service or benefit refers to a service or benefit that was previously offered, but has been expanded in terms of size, capacity, or location. (For example, perhaps a homeless drop-in center/soup kitchen previously offered clients one meal a day, but through the use of CDBG funds, are able to expand services to include three meals a day.)

## Of the Total Number of Persons Assisted, The Number of Persons that Receive a Service or Benefit that is No Longer Substandard

Where the public service activity was used to meet a quality standard or measurably improved quality, report on the number of persons that no longer only have access to a substandard service. (An example of improving the quality of service is a transitional housing facility for persons with mental illness that is able to hire a licensed psychiatric social worker to work with clients, whereas existing case managers have no specific mental health training/qualifications.)



Supporting Documents: Public Services/Eco Dev and Facilities





#### SUPPORTING DOCUMENTS

#### Under the supporting documents tab, upload:

1. Client Application (Intake Forms): Should have clients name, address, total number of people in households, total household income based on gross, and signature; digital or handwritten.

**NOTE**: Subrecipients working with a protected population will need to collect this information internally but <u>will not be required</u> to upload onto Neighborly. This information will be confirmed through an on-site monitoring visit.

2. Copy of the <u>Pinellas County Property Appraiser (pcpao.org)</u> showing the tax district of CW, CWD, and CWDO.



#### **SOCIAL SECURITY NUMBERS**

	Intake Form	
First Name: Address:	Last Name:	
SSN:	Redact first 5 digits Display only last 4 digits	



## FY 2023-24 SUBRECIPIENT TRAINING PUBLIC FACILITIES PROCESSES



#### **ACCOMPLISHMENTS:** Public Facilities

Describe the progre	ess of your project as compared against your project plan/schedule.	
Expected Outcome:	: Maintain steady progress with project phases/tasks.	
Progress		
Progress	Enter goal progress here	
Difficulties	Enter any difficulties encountered here	
Encountered		
Planned Activity		



#### **PUBLIC FACILITIES**

#### PUBLIC FACILITY CHECKLIST

- 1. Contractors are not authorized to begin work until the City's Assistant Director of ED&H issues a Notice to Proceed.
- 2. Subrecipient must notify the Inspection Servicer before any onsite work is done. Contact NOVA before going onsite.

 Executed Subrecipient Agreement
 Coordinate with City's Inspection Servicer for Processes and Documentation Requirements

Completed Environmental Review



#### **PUBLIC FACILITIES PHASES**

- PHASE 1 Environmental Review and Agreement
- PHASE 2 Beginning of NOVA and City Administration's Pre-Construction Work
- PHASE 3 Pre-Construction Work-Davis Bacon Interviews and Permitting Process
- PHASE 4 Construction in Process
- PHASE 5 Project Completion



#### **PUBLIC FACILITIES**

- Work with NOVA on ad
- Send ad to City
- City will publish ads in Tampa Bay Times

INVITATION TO BID



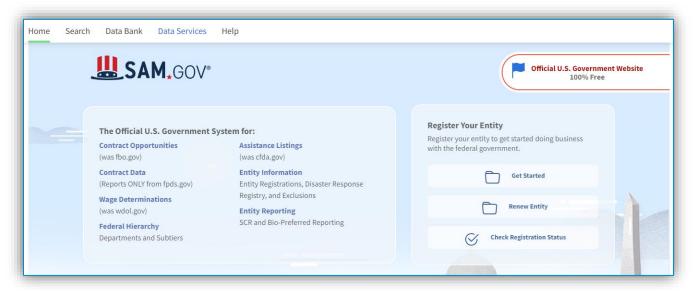
#### **PUBLIC FACILITIES**

- Send all bids received to the City
- Notify City of contractor selection
- Send to City:
  - Legal name of business
  - Doing business as (DBA) name
  - Name of owner
  - Business address
  - Phone number and website address
  - Unique Identifier Number (UEI) from SAM.GOV
  - License numbers



#### **PUBLIC FACILITIES**

Ensure All Selected Contractors Are Registered in SAM.GOV





#### **PUBLIC FACILITIES**

 Ensure selected contractors are registered with the Pinellas County Construction Licensing Board

PCCLB Contractor Search (pinellas.fl.us)





Who's required to be licensed or registered with the Pinellas Construction Licensing Board?

<u>Consumer Protection - Contracting - Pinellas County</u>

#### **Contractors:**

Alarm System Contractor

Asbestos

Building

Class "A" Air Conditioning

Class "B" Air Conditioning Class "C" Air Conditioning

Commercial Pool / Spa

Electrical

General

Lightning

Limited Energy System

Mechanical Plumbing

Pollutant Storage Systems

Residential

Residential Pool / Spa

Roofing

Sheet Metal

Solar

Swimming Pool / Spa Servicing

**Underground Utility** 

Windows

#### **Specialty Contractors:**

Awning

Cabinet

Carpentry

Communication System

Demolition

Fence Erection

Finish Carpentry

Flatwork Concrete

Garage Door

Glass and Glazing

Gypsum Drywall

Irrigation Systems

Low Voltage

Marine

Natural Gas Painting

Paving

Pile Driving

Plaster and Stucco

Prestressed, Precast Concrete

Reinforced Steel

Shutter / Opening Protection

Sign, Electrical Sign, Non-Electrical

Specialty Structure (includes Aluminum)

Structural Masonry Structural Steel

Swimming Pool Layout Swimming Pool Structural

Swimming Pool Excavation

Swimming Pool Trim

Swimming Pool Decking Swimming Pool Piping

Swimming Pool Finishes

Tile and Marble

Veneer



#### **PUBLIC FACILITIES**

- City Performs Due Diligence
- Do Not Enter Into Contract Until City Approves Contractor
- City Issues ATP "Authorization to Proceed" After:
  - City Receives Proof of Insurance for Contractor
  - City Receives Contract for Contractor



#### **PUBLIC FACILITIES**

- Construction Contracts Must Contain All Required Contract Language
- Proposals/Bids Are Not Contracts (Not Sufficient)
- Send Copy of Contract to City and NOVA



#### **PUBLIC FACILITIES**

- Notify NOVA and City Before Scheduling Onsite Work
  - Send Email Notification
    - ❖To: Mark Bottorff of NOVA (<u>mbottorff@usanova.com</u>)
    - ❖To: Gabe Parra of City (gabe.parra@myclearwater.com)
    - ❖To: Irin Gomez of City (<u>irin.gomez@myclearwater.com</u>)

(Davis-Bacon Requirements)

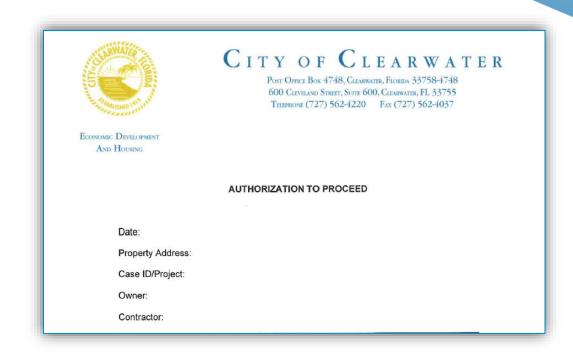


#### **PUBLIC FACILITIES**

- Notify City of Pre-Bid Meeting Dates (in advance)
- Notify City of Bid Opening Dates (in advance)
- Notify City of Pre-Construction Meeting Dates (in advance)



## PUBLIC FACILITIES





## PUBLIC FACILITIES - CONTRACTOR PAYMENT

**REQUEST** 

CONTRACTOR PAYMENT REQUEST					
Property Owner:					
Property Address:					
Contractor:					
Contractor Address:					
Contract Amount:	\$				
This Payment:	\$	Payment: Partial or Final			
Contractor:					
I hereby request an inspection to receive payment in the amount above. I certify that I have satisfactorily completed the necessary work to justify this request and all bills incurred for labor used and material furnished in making said repairs and improvements have been paid in full to this date. See attached cost breakdown.					
Signature of Contractor					
Print or Type Name		Date			



## PUBLIC FACILITIES - PARTIAL PAYMENT AFFIDAVIT

PARTIAL PAYMENT AFFIDAVIT FOR PROJECT FUNDING THROUGH CITY OF CLEARWATER ECONOMIC DEVELOPMENT & HOUSING DEPT Housing Division				
DATE:				
OWNER:				
ADDRESS:				
PHONE:	( )	-	ext.	CASE ID:
CONTRACTOR:				· · · · · · · · · · · · · · · · · · ·
ADDRESS:				
PHONE:	( )	-	ext.	
PROPERTY ADDRESS:				
PROJECT NUMBER:				
INVOICE NUMBER:				
PARTIAL RELEASE OF LIEN				
CONTRACT DATED:				CONTRACT AMOUNT: _\$
he undersigned Contractor certifies that the work covered by this payment has been completed in				



## PUBLIC FACILITIES -FINAL PAYMENT AFFIDAVIT

FINAL PAYMENT AFFIDAVIT FOR PROJECT FUNDING THROUGH CITY OF CLEARWATER ECONOMIC DEVELOPMENT & HOUSING DEPT Housing Division				
DATE:	_			
OWNER:				
ADDRESS:				
PHONE:	( )	- ext.	CASE ID:	
CONTRACTOR:				
ADDRESS:				
PHONE:		- ext.		
PROPERTY ADDRESS:				
PROJECT NUMBER:				
INVOICE NUMBER:				
FINAL RELEASE OF LIEN				
CONTRACT DATED: _			CONTRACT AMOUNT: _\$	
The undersigned Contractor certifies that the work covered by this final payment has been completed in				



## FY 2023-24 SUBRECIPIENT TRAINING PUBLIC FACILITIES: REMINDERS

- Follow the Checklist
- Must Notify NOVA Before Onsite Work is Scheduled
- Must Receive Official Authorization(s) to Proceed From City
- If County/City Funded...
  - Must provide clear distinction/separation of charges
  - Must provide all documentation to City
  - Must notify City and NOVA



#### **PUBLIC FACILITIES AND IMPROVEMENTS**

#### **DRAW REQUEST SUPPORTING DOCUMENTATION:**

- Requisitions and Purchase Orders
- Invoices
- Proof of Payment
- G703 of the A1A form
  - Receipts (i.e. Lowes, Home Depot)
  - Credit Card Statements
  - Bank Statements

AIA® Document G702/G703 can be used as invoice, but <u>not</u> proof of payment.



## FY 2023-24 SUBRECIPIENT TRAINING PUBLIC FACILITIES DRAW REQUEST

- Partial Payment Affidavits
- Contractor Payment Request Forms
- Final Payment Affidavit
- Proof of Payment; Canceled Checks



## FY 2023-24 SUBRECIPIENT TRAINING CITY TEMPLATES/FORMS



#### **CITY TEMPLATES/FORMS:**

- FY 2023-24 Timesheet Activity Report
- Contractor Payment Requests
- Partial and Final Payment Affidavits
- Other

Do <u>not</u> alter any templates/forms. Use as provided.



**Questions?** 



#### **CONTACT INFORMATION**

Name	Phone (727)	Email
Denise Sanderson	444-7158	denise.sanderson@myclearwater.com
Chuck Lane	444-7489	charles.lane@myclearwater.com
Terry Malcolm-Smith	444-7167	terry.malcolm-smith@myclearwater.com
Irin Gomez	444-7164	irin.gomez@myclearwater.com
Brenda Douglas	444-7163	brenda.douglas@myclearwater.com
Kara Grande	444-7161	kara.grande@myclearwater.com
Gabe Parra	444-7169	gabe.parra@myclearwater.com
Dania Perez	444-7159	dania.perez@myclearwater.com
Dylan Mayeux	444-7168	dylan.mayeux@myclearwater.com



Changes coming for 2024/25 Program Year!!



