Program Eligibility Checklist for SLFRF Expenditure Category #2.18: Other Housing Assistance

# **Applicant & Proposed Funding Use Eligibility Determination Checklist<sup>1</sup>**

This eligibility checklist is intended to assist the Colorado [Insert Department Name] verify and document the eligibility of proposed programs and other initiatives by the Department and/or its subrecipients relative to the requirements of U.S. Treasury State & Local Coronavirus Fiscal Recovery Funding (SLFRF) Expenditure Category (EC) 2.18 ("Other Housing Assistance") and other applicable federal rules.

#### I. Basic Project Information

i.

SLFRF Funded Project Name (if applicable)	Click or tap here to enter text.
Department (SLFRF Grantor)	Colorado Department of [Insert Department Name]
Subrecipient Program Administrator (if applicable)	Click or tap here to enter text.
Applicant Name	Click or tap here to enter text.
Application Reviewer	Click or tap here to enter text.
Award Amount Requested	Click or tap here to enter text.
Awarded Amount	Click or tap here to enter text.
Anticipated Subrecipient Program Start (if applicable)	Click or tap here to enter text.
Anticipated Subrecipient Program End (if applicable)	Click or tap here to enter text.

#### **II. Eligible Benefitting Class Determination**

Does the Applicant meet Department eligibility criteria separate from SLFRF mandates (if applicable)?
□ Yes □ No
Does the Applicant meet one or more of the following thresholds for being "negatively impacted" from the economic harms caused or exacerbated by the COVID-19 public health emergency?
☐ The Applicant is either an individual household that has an annual income at or below 65% of the Area Median Income (AMI) for the County in which the Applicant is situated – or – resides in a Census Tract in which 50% or more the households meet this AMI threshold
$\Box$ The Applicant is either an individual household that has an annual income at or below 300% of Federal Poverty Guidance (FPG) – or – resides in a Census Tract in which 50% or more the households meet this FPG threshold

<sup>&</sup>lt;sup>1</sup> This checklist is intended to aid SLFRF grantees in documenting programmatic funding use compliance with U.S. Treasury Coronavirus State and Local Fiscal Recovery Fund Rules (87 Fed. Reg. 4338) (hereinafter referred to as "SLFRF Funding Rules") and other applicable federal regulations. Completion of the checklist should not be construed as a substitute for all measures necessary to assure that applicable federal rules for program design, execution, reporting, and related funding use and cost management are adequately documented and reported upon according to U.S. Treasury rules and the overarching Code of Federal Regulations.

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☐ The Applicant is an individual household that demonstrate eligibility for any of the following federal assistance programs: Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"); or Home Investment Partnerships Program ("HOME")
$\Box$ The Applicant meets some other threshold established by the Department that meets SLFRF Funding Rules for assuring that households that were negatively economically impacted from the COVID-19 pandemic are provided childcare services using SLFRF
Describe and attach any supporting documentation in support of any of the above thresholds identified for the Applicant.

#### III. Permanent Supportive Housing & Program Assistance Eligibility Determination

SLFRF Funding Rules allow for SLFRF to be used to provide a non-exhaustive list of "housing stability services that enable eligible households to maintain or obtain housing, such as housing counseling, fair housing counseling, case management related to housing stability, outreach to households at risk of eviction or promotion of housing support programs, housing related services for survivors of domestic abuse or human trafficking, and specialized services for individuals with disabilities or seniors that support their ability to access or maintain housing," as well as "legal aid such as legal services or attorney's fees related to eviction proceedings and maintaining housing stability, court-based eviction prevention or eviction diversion programs, and other legal services that help households maintain or obtain housing." Additionally, SLFRF can be used towards "assistance to households for delinquent property taxes, for example to prevent tax foreclosures on homes,"; as well as "emergency assistance for pressing needs [including] home repairs, weatherization, or other needs." <sup>2</sup>

This section should be used to verify that the housing support assistance that the applicant is to receive is consistent with one or more of the following activities, which are eligible but not otherwise included in other SLFRF expenditure categories. Any supporting information that is required as evidence of meeting these thresholds would also be described in this section; in addition to being attached as separate documentation.

Please indicate all the below types of SLFRF-eligible forms of assistance that the Applicant will be provided. Each must be shown to be in furtherance of creating supportive housing or other programs or services to improve access to stable, affordable housing among individuals who are homeless or among other targeted specialized distressed populations.
$\Box$ Counseling and legal aid to prevent eviction or homelessness <sup>3</sup>
☐ Housing counseling
☐ Fair housing counseling
$\square$ Case management related to housing stability
$\square$ Outreach to households at risk of eviction
☐ Outreach for promotion of housing support programs

<sup>&</sup>lt;sup>2</sup> SLFRF Funding Rules at 4360.

<sup>&</sup>lt;sup>3</sup> Id. SLRFR "recipients may work with court systems, nonprofits, and a wide range of other organizations to implement strategies to support housing stability and prevent evictions."

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☐ Housing related services for survivors of domestic abuse or human trafficking
☐ Specialized housing support services for individuals with disabilities or seniors that support their ability to access or maintain housing
$\square$ Provision of legal services or attorney's fees related to eviction proceedings and maintaining housing stability
$\square$ Court-based eviction prevention
☐ Eviction diversion programs
$\square$ Other legal services that help households maintain or obtain housing
$\square$ Assistance to households for delinquent property taxes
☐ Emergency assistance for home repairs⁴
☐ Emergency assistance for weatherization <sup>5</sup>
☐ Emergency assistance for other needs
$\square$ Other eligible services for housing assistance not listed above or in other SLFRF expenditure categories
Describe and attach any supporting documentation in support of any of the above thresholds identified for the Applicant.
Is the Affordable Housing Assistance to be provided to the Applicant "reasonably proportional" and related to the negative economic impacts that the Program is intending to address?
☐ Yes
□ No
Describe basis for determination.

#### **IV. Capital Expenditures Documentation**

SLFRF can be used to acquire capital assets or make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations to capital assets as part of developing supportive housing projects to aid eligible beneficiaries. In the event the project involves investment in capital expenditures, the Applicant's program would need to generate the following information for U.S. Treasury reporting.

<sup>&</sup>lt;sup>4</sup> U.S. Treasury's rationale for this activity is stated as: "While small and cosmetic repairs can often wait, deferring major repairs, such as plumbing needs, can result in unsafe and unhealthy living environments and, eventually, the need for more expensive repairs and fixes."

<sup>&</sup>lt;sup>5</sup> SLFRF Rules at 4360-61. "Weatherization assistance helps lowand moderate-income Americans save energy, reduce their utility bills, and keeps them and their homes safe. One in three households is energy insecure, meaning they do not have the ability to meet their energy needs. Weatherization efforts are particularly important for low- and moderateincome households. Households of color, renters, and households with low or moderate incomes are all more likely to report energy insecurity. These disparities are partially a result of economic hardship but are also caused by inequitable access to housing with proper insulation, up to date heating, cooling, and ventilation systems, and functioning and up to date lighting and appliances. While programs that address the effects of energy hardships, like the Low-Income Home Energy Assistance Program (LIHEAP), are critical, weatherization attempts to address root causes by addressing issues that lead to energy insecurities."

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1.	Do	es this program include capital expenditures?	Choose an item.
2.	If y	ves, select what type of capital expenditure is involved?	
Ch	oose	e an item.	
	a.	. If other capital expenditure type, please specify:	
3.	to	the capital expenditures (including pre-development costs) expected be <b>over \$1 million</b> ? If yes, please answer the questions below as an eached response to this profile.	Choose an item.
	a.	Description of the harm or need to be addressed. Please provide a deseconomic harm or need to be addressed and why the harm was exacerly health emergency. The response should include quantitative information harm, such as the number of individuals or entities affected.	pated or caused by the public
	b.	<b>Explanation of why a capital expenditure is appropriate</b> . Please include equipment and facilities, or policy changes or additional funding to pert would be inadequate.	
	C.	Comparison of proposed capital project against at least two alternative demonstration of why the proposed capital expenditure is superior. Geffectiveness of the capital expenditure in addressing the harm identified (including pre-development costs) against at least two alternative capitals.	rantees should consider the ed and the expected total cost
4.	wit	you foresee any issues providing supporting documentation to help th cost tracking? (i.e., FMS reports, financial statements, invoices)? If s, please describe any limitations to providing this information.	Choose an item.
5.	rep foll inf	r projects with total expected capital expenditures of <b>over \$10</b> million, Troporting for labor. If applicable, please, describe the process in place to allowing information. (If no process is in place, please describe any limitation formation). Please address the following required information sets as an applie.  Projected/actual construction start date (month/year)  Projected/actual initiation of operations date (month/year)  Location  Certification that, for the relevant project, all laborers and mechanics ensubcontractors in the performance of such project are paid wages at rate prevailing, as determined by the U.S. Secretary of Labor in accordance of the corresponding classes of laborers and mechanics employed on project the contract work in the civil subdivision of the State in which the work appropriate State entity pursuant to a corollary State prevailing-wage-in known as "baby Davis-Bacon Acts").	ow you to monitor and track the ons in gathering this ttached response to this mployed by contractors and tes not less than those with the "Davis-Bacon Act," for ects of a character similar to is to be performed, or by the

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<sup>&</sup>lt;sup>6</sup> 40 USC 31, subchapter IV

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- e. If the above certification is not provided, a grantee must provide a project employment and local impact report detailing:
  - i. The number of employees of contractors and sub-contractors working on the project
  - ii. The number of employees on the project hired directly and hired through a third party
  - iii. The wages and benefits of workers on the project by classification; and
  - iv. Whether those wages are at rates less than those prevailing.
  - v. Grantees must maintain sufficient records to substantiate this information upon request.
- f. Certification that a project includes a project labor agreement, meaning a pre-hire collective bargaining agreement consistent with section 8(f) of the National Labor Relations Act (29 U.S.C. 158(f)). If the recipient does not provide such certification, the recipient must provide a project workforce continuity plan, detailing:
  - i. How the recipient will ensure the project has ready access to a sufficient supply of appropriately skilled and unskilled labor to ensure high-quality construction throughout the life of the project, including a description of any required professional certifications and/or in-house training;
  - ii. How the recipient will minimize risks of labor disputes and disruptions that would jeopardize timeliness and cost-effectiveness of the project;
  - iii. How the recipient will provide a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries, and fatalities, including descriptions of safety training, certification, and/or licensure requirements for all relevant workers (e.g., OSHA 10, OSHA 30);
  - iv. Whether workers on the project will receive wages and benefits that will secure an appropriately skilled workforce in the context of the local or regional labor market; and
  - v. Whether the project has completed a project labor agreement.

g.	For capital projects totaling over \$10 million, does the project prioritize local hires?	Choose an item.
h.	For capital projects totaling over \$10 million, does the project have a Community Benefit Agreement, with a description of such agreement?	Choose an item.

#### V. Subrecipient/Contractor/Beneficiary Fund Use Tracking Determination

SLFRF Grantees must monitor and document that SLFRF use among their subrecipients, beneficiaries, and contractors is consistent with applicable grant rules, the Code of Federal Regulations, and other applicable federal, state, and local regulations. Subrecipients of SLFRF Grantees have the same obligation to monitor and document funding use compliance of their own subrecipients, beneficiaries, and contractors. This section should be used to confirm that appropriate documentation and controls are in place based on the designation status of parties involved with the Program.

1. Is the Provider considered a <b>subrecipient</b> ?	Choose an item.
a. If yes, is the amount of SLFRF to be received greater than \$50,000?	Choose an item.
b. If yes, please attach a description of the process to be utilized in evaluating the subrecipient's compliance risks (e.g., prior experience in managing federal funds, previous audits, personnel; along with processes to	
be used monitor funding use by the subrecipient).	

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c. If the Applicant is a subrecipient, regardless of the amount provided, please attach their description of how they will oversee and monitor the use of SLFRF provided to them by the Department.		
2. Is the Provider considered a <b>beneficiary</b> ?	Choose an item.	
a. If yes, are individual payment(s) anticipated to be more than \$50,000?	Choose an item.	
<ul> <li>If yes, please attach a description of the process through which such beneficiaries are assessed for eligibility, funding use in line with program rules, the avoidance of duplicating benefits, and monitoring for fraudulent activity.</li> </ul>		
c. Based on any terms applied to the cash assistance (if applicable), please describe how Department is to monitor and enforce.		

# VI. Other Federal Regulation Applicability Determination

progra	Depending on the nature of the aid, confirm whether other federal regulations may apply outside of SLFRF program requirements. The following is a checklist to use in confirming the applicability of some of the most common additional regulations that could apply.	
	Does the aid provided adhere to Uniform Cost Principles under the Code of Federal Regulations (2 C.F.R. 200)?	Choose an item.
1	Does the aid provided adhere to any applicable federal, state, and local procurement, contracting, and conflicts-of-interest laws and regulations (including validation that contractors are in good standing)?	Choose an item.

# VII. Duplication of Benefit Determination

Has the Applicant received any of the below types of financial assistance <u>for the same purpose</u> as what the Applicant is seeking through this program?		
a.	Other federal, state, or local public funding (including subsidized loans)	Choose an item.
b.	Insurance proceeds of any type (Including amount for which applicant was entitled to receive but did not collect)	Choose an item.
C.	Philanthropic, Foundation, or other charitable grants, gifts, or other awards for the same purpose as what the Applicant seeks through this program.	Choose an item.
What is the total amount of funding that the Applicant has received from any of the below sources of funding for the same purpose as the program?		
a.	Other federal, state, or local public funding (including subsidized loans)	\$
b.	Insurance proceeds of any type (Including amount for which applicant was entitled to receive but did not collect)	\$
C.	Philanthropic, Foundation, or other charitable grants, gifts, or other awards for the same as purpose as what the Applicant seeks through this program.	\$
Tot	al Amount in Duplicating Benefit (for same purpose as Program Award):	\$

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Adjusted Award Total:	
Initial Award Amount (without DOB calculation):	\$
Adjusted Award Amount (Initial Award Amount minus Total Amount in Duplicating Benefit):	\$