Subrecipient Manual

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PROJECT IMPLEMENTATION

All Community Development Block Grant funded projects shall be implemented in accordance with HUD regulations and as described in the Subrecipient contract. All CDBG Subrecipient contracts have three sections:

(1) General Conditions

(2) Subrecipient Scope of Services (Appendix A)

(3) Subrecipient Budget (Appendix B)

The General Conditions section of the contract clearly establishes and defines the regulatory and statutory obligations of the Subrecipient. Appendix A, Scope of Services provides a detailed description of the specific goals, objectives and strategies which will be employed by the Subrecipient. Appendix B, the budget, details the amount of funds that have been allocated and the categories of eligible cost.

Depending on the nature of the Subrecipient’s activity, additional requirements may apply, such as Labor Standards Provisions, Program Income Requirements, Church-State prohibitions, procurement regulations, or job/business reporting requirements.

Each Subrecipient must designate a Project Director who will have primary responsibilities for project implementation. The Project Director shall initiate and follow through on all contracts and/or communications with the OCD staff on matters relative to CDBG funded activities. The Project Director shall be of sufficient stature so that he/she has the authority to act expeditiously in matters relating to the CDBG funded activity and obligations under the CDBG contract.

For Non-City Subrecipients: If the Subrecipient is a legal corporate entity, it must provide OCD with:

(a) "Articles of Organization" or "Agreement of Association"

(b) The entity's most recent "Annual Report" or "Annual Statement" as submitted to the Secretary of the Commonwealth.

If the Subrecipient is other than a legal corporation, it must submit evidence to OCD of its existence, the names and addresses of its Board of Directors and evidence of its tax status.

All Subrecipients must submit their most recent financial audit and/or statement. Non-city Subrecipients who have expended $300,000 or more in federal funds in a fiscal year must also conduct a compliance audit in accordance with grant regulations.

All Subrecipients shall submit their personnel policy to the Office for Community Development unless a current copy is already on file.

These guidelines have been developed in the best interests of the overall Community Development Program.
SUB-CONTRACTING

If the employees of a Subrecipient are not performing the actual work to carry out a CDBG activity, e.g., resodding a playing field, teaching ceramics, or preparing plans and specs, the Subrecipient will need to enter into a subcontract with another entity. If the entity is an individual, i.e., a ceramics teacher or lifeguard, the entity is defined as an independent contractor.

Requests to subcontract must be submitted in writing to OCD. OCD will determine if the proposed procurement process (e.g. bids/request for proposal) is applicable.

All subrecipients will be subject to the same terms, conditions, and statutory requirements of the original contract including Equal Employment Opportunity, Federal Labor Standards, etc. All payments to subcontractors must be supported by invoices submitted by the subcontractor which detail the nature and amount of work performed and which have been approved by the Subrecipients Project Director.

All Subrecipients hiring individuals as independent contractors, not agency employees, must execute an agreement between the Subrecipient and the individual which states the name, address and social security number of the individual, the nature of the work to be performed, the rate of payment and term of the contract. This agreement must be signed by both parties and approved by OCD. If the independent contractor is to be paid directly by OCD, the independent contractor will receive an IRS Form 1099 misc. for income tax purposes.

The City of Holyoke, acting by and through OCD, has the right to reject, or suspend a Subrecipient's request for payment to a subcontractor for just cause.

EXAMPLE: Subrecipient A submits a bill to pay Acme Construction Company for foundation work on a building. Acme Construction has not submitted its payrolls or other Federal Labor Standards paperwork to OCD. OCD will not process the bill until the required paperwork has been submitted and compliance with DBA has been established.

CONSTRUCTION PROJECTS ONLY

When a construction project is put out to bid, OCD will provide the Subrecipient with the applicable Davis Bacon labor standards forms and federal wage determination to be included in the bid package. The subcontract between the Subrecipient and the general contractor MUST contain the wage determination and HUD form 4010. OCD must have a copy of the signed contract, all subcontracts and any change orders. Contact OCD for additional information.
CONTRACT AMENDMENTS

From time to time, Subrecipients may find it necessary to request changes in Budget, Scope of Services, or the Timing portion of their contracts.

NOTE: The Timing for public services is fixed for the period July 1 through June 30 of a single fiscal year. Unused public service funds cannot be carried over into the next fiscal year. No exceptions.

In all cases, a Subrecipient must submit a request for an amendment to OCD in writing. The request must contain a brief narrative which outlines the requested change(s) and the justification or rationale for the amendment. All requested changes must receive OCD approval prior to incurring costs or obligating funds on the basis of the proposed amendment (See Eligible and Ineligible expenses).

Certain changes to the Scope of Services or Budget may require a reprogramming. This procedure is time consuming and is subject to the same approval process as the initial application. OCD will inform a Subrecipient if a requested change requires a reprogramming.

Timing, scope of services, and budget allocation amendments will be drawn up as amendments to the original contract and will be duly executed as such. Line item changes within budgets will be treated as internal transactions but must receive written approval of OCD before expenditures will be allowed.

EQUAL OPPORTUNITY - AFFIRMATIVE ACTION

All Subrecipients are bound by the Equal Opportunity, Affirmative Action and Section 3 regulations cited in their CDBG contracts. Our office will be available to provide additional information regarding compliance.

All Subrecipients shall submit to OCD a certification of their commitment to Equal Opportunity. Subrecipients may also be requested to submit employment data to the Office Manager for reporting purposes.

HIRING PROCEDURES

Any Subrecipient who will be hiring an employee during the term of their CDBG contract must contact the Office for Community Development’s Office Manager prior to initiating the recruitment process (advertising the position) to ensure that the advertisement and job description meet equal opportunity standards.

If the position is to be funded, in whole or in part, with CDBG, the Subrecipient must:

a. Send the Office Manager the Permission to Advertise form with a copy of the proposed advertisement. The Office Manager must approve before publishing.

b. Submit data on all applicants (Flow Data form), copies of resumes received and the preferred candidate (Permission to Hire form).

c. Receive Office Manager sign-off before hiring

Failure to follow the "Sign-Off" procedure could result in disallowance of grant cost for the position. If the position to be filled is not funded, in whole or in part by CDBG, the Subrecipient, as a courtesy, must send a copy of the recruitment to OCD.
PAYROLL RECORDS

In order to comply with HUD requirements on supporting documentation for salaries/wages paid to the project personnel with CDBG funds, each Subrecipient shall adhere to the following:

(1) A daily time record will be maintained for each employee being paid with CDBG funds.
(2) Each employee being paid with CDBG funds must account for the hours of work performed on behalf of the CDBG supported activity.
(3) Each time record submitted must be signed by (1) the employee and (2) the Project Director.
(4) When the employee is also being paid from other sources besides CDBG, the time records must clearly indicate the amount of time in support of the CDBG activity.
(5) Charges for employee fringe benefits are allowable in equal proportion to the amount of time the employee works in support of the CDBG activity. Such charges shall be based on actual demonstrated costs. No flat percentage based fringe benefit or administrative overhead fee will be allowed.
(6) Allowable personnel costs pertain only to those positions that were specifically included in the approved budget. The personnel costs in the approved budget will be based on the proposal as incorporated in the Subrecipient Contract, Budget B that should have projected salaries (including anticipated raises, etc.) for the upcoming year. Use of CDBG funds for salary increases not shown will be disallowed.
(7) If the Subrecipient’s normal payroll documentation method does not produce the information as described above, the Subrecipient must meet with OCD to develop an acceptable alternative prior to requesting payroll reimbursement.

ELIGIBLE AND INELIGIBLE EXPENSES

All Subrecipients have a detailed line item Budget that governs the expenditure of the CDBG funds during the contract period. Any deviation from this budget during the contract period must be requested in writing in advance. The written request shall be directed to the OCD and must include reasons for the requested line item deviation. Approval of transfers must be received prior to any cost being incurred. Requests to use CDBG funds to pay for salary increase during the year will not be approved. Under no circumstances shall CDBG funds be used for the following:

- Costs incurred prior to the contract period
- Bad debts
- Contingencies
- Contributions and donations
- Entertainment (food, snacks, drinks)
- Under-recovery of costs under other grant agreements
- General government expenses, including operation and maintenance (city subrecipients)
- Political activities
- Sales tax
- Fines and penalties
- Late payment charges

If you have a question regarding a proposed expense, please contact OCD for clarification.
PROCUREMENT

The procurement of supplies, equipment, services or construction, funded in whole or in part, with CDBG funds is governed by the Federal procurement regulations of 24 CFR 85.36. More stringent City procedures will apply for City Subrecipients. For all Subrecipients, procurement requirements cover, but are not limited to:

- Equipment purchase
- Equipment Rental
- Office and misc. supplies purchased
- Architectural, engineering, design services
- Contractor’s solicitation for construction, reconstruction, rehabilitation, installation
- Purchase arts and crafts materials
- Printing and reproduction services
- Maintenance and repair
- Legal services

New non-public service activities will need to follow separate procurement procedures. Services "on retainer" will not be allowed unless funded in their entirety with other than CDBG funds and the reasonableness of cost is demonstrated. Federal labor standards apply to all construction, reconstruction, rehabilitation and installation activities financed, in whole or in part, with CDBG funds. Contact OCD for additional information to be included in bid packages as well as pre-construction conference, federal wage payment, and reporting requirements. Requests for payment for items or services improperly procured will not be allowed.

City Subrecipients: The purchase or procurement of supplies, equipment services, and construction must be made through the Purchasing Department. OCD and Purchasing Department must be contacted prior to any procurement action to obtain a Purchase Order or Bid number, as applicable.

Non-City Subrecipients: OCD must be contacted prior to initiating procurement procedures. Non-City Subrecipients are not required to undertake procurement procedures through the City Purchasing Department. OCD will provide the Subrecipient with a copy of the federal procurement regulations, which include the requirements for competitive bidding, requests for proposals, etc., as well as record keeping and record retention requirements.

If you have any questions concerning applicable purchasing or procurement requirements, please contact OCD (322-5610).
REIMBURSEMENT OF ELIGIBLE COSTS

All Subrecipients will operate on a reimbursable basis to the greatest extent feasible.

- In cases when reimbursement is not feasible, payment of CDBG funds for eligible costs will be made directly to the vendor, contractor, or subcontractor, and not to the Subrecipient.
- If a direct payment is to be made to the vendor, the vendor’s federal tax identification number or social security number will be required for payment.

Invoices may be submitted on a weekly or monthly basis. If submitting monthly invoices, all payrolls and invoices are due to the OCD no later than ten (10) days after the final work day of each month.

Only justifiable and eligible project expenditures will be authorized by the Administrator for payment. Invoices not properly documented cannot be processed and will be held until supporting or corrected documentation is received from the subrecipient.

During an agency onsite fiscal monitoring, random dates, check numbers, and other information will be verified. Any discrepancies found will result in a complete financial review and repayment by the Subrecipient of any disallowed expenses.

DOCUMENTATION REQUIRED FOR REIMBURSEMENT OF ELIGIBLE COSTS

1. A cover letter, signed by the Project Director or a fiscal agent, on the Subrecipient’s letterhead stating the time period of the reimbursable expenses, the amount to be paid and to whom the payment will be made.

2. An original invoice generated by the Subrecipient requesting reimbursement of eligible costs that clearly shows the amount(s) and line item(s) to be reimbursed, as well as a breakdown of expenses. Payment on statements or photocopies of invoices will not be allowed.

3. Payroll documentation required for CDBG subrecipient reimbursement will include:
   a. Copies of daily time records for the time period submitted, signed by (1) the employee and (2) the Project Director
   b. Copies of the Payroll Register for the time period submitted. The Payroll Register must show the date paid and check number or have payment through direct deposit clearly noted. If an employee is paid by live check, copies of cancelled checks or the bank statement with the cleared checks must also be submitted.

4. For all other line item expenses, the documentation shall require a copy of the invoice for each expense, initialed by the Project Director, with date and check number paid, accompanied by a copy of a paid receipt or copy of the cancelled check payment.
   a. For purchases paid with cash, submit a copy of a paid receipt or sales slip indicating cash tendered.
   b. For purchases made with a charge account, submit a copy of the charge sales slip along with the store or bank statement posting the charge.

5. If the reimbursement is for a contract service with a subcontractor, a copy of the signed contract along with a copy of the cancelled check is required. If a subcontractor or a vendor is being paid directly by OCD, the original invoice or store receipt is required along with the name, address, Federal ID number/Social Security number of the subcontractor or vendor.
The OCD will make every effort to submit approved invoices on a warrant within one week of receipt. However, Subrecipients should be aware that the City's warrant procedure takes time, especially at the fiscal year crossover.

In order to help us process your requests for payment more efficiently, we are requiring all agencies to complete the Billing Information sheet enclosed. Please complete and submit for your agency and keep a copy to submit with billings for any subcontractors to be paid directly.

Under no circumstances will any invoice or payroll be processed unless sufficient funds are available in the appropriate line item in the approved budget. Transfers between line items may be allowed. See section on Eligible and Ineligible Expenses.

**FINANCIAL ACCOUNTING**

As required by Contract, all Subrecipients must maintain an efficient, effective, and accountable financial system with adequate internal controls. In support of the bookkeeping function of the system, each Subrecipient shall maintain a cost control of the total amount of the project's appropriation and the allocation which is available in each line item. At all times, Project Directors should be aware of the unexpended balances in each line item and how each corresponds to the total budget. Copies of invoices, payroll vouchers, and records of their financial transactions must be kept on file for three years following project completion as justification for each cost entry. The Subrecipient budget totals should, at the end of each month and for each line item, correspond with totals maintained by the OCD fiscal staff.

Subrecipients and Project Directors are reminded that HUD guidelines empower the City, at its own discretion, to terminate any CDBG contract due to unacceptable performance, contract violations, or a reorientation of the City's Community Development effort.

Along with a request for payment, we require submittal of an Activity Funding Update so we can report to HUD how CDBG works in conjunction with and leverages other funding sources. A copy of this form is enclosed for copying.

**PROJECT INVENTORIES**

Federal auditing procedures require all CDBG Subrecipients to maintain an up-to-date inventory of all equipment purchased with CDBG funds. This inventory must be available at all times for monitoring purposes and shall remain subject to inspection by the CDBG staff, the U.S. Department of Housing and Urban Development, and the Comptroller General of the United States or any authorized representative thereof.

Inventories must include an entry for each item of equipment which is purchased with CDBG funds, and which is in excess of $50.00 in value. The entries shall, at a minimum, contain the following:

1. Date of purchase
2. Brief description of item
3. Manufacturer
4. Vendor
5. Serial number, if applicable
6. Purchase price
7. Location of equipment item
A 3 x 5 index card system is sufficient to comply with, this requirement. Subrecipients shall be required to
maintain this inventory regularly and produce it on request.

OCD must be contacted for disposition procedures if an item of CDBG purchased equipment is no longer
needed or if the Subrecipient is to cease operations.

**RENTALS**

The necessity for the rental of equipment and/or space must be documented. Applicable procurement
procedures apply.

Copies of all rental agreements for all equipment and space utilization supported by CDBG funds shall be
retained in the Subrecipient's files with a copy forwarded to the OCD.

All requests for payment of charges relative to equipment and space rental must be approved by the
Project Director prior to submission to the OCD.

**REFUND TO SUBRECIPIENT**

Any refund received by a Subrecipient for goods or services purchased utilizing Community Block Grant
(CDBG) funds must be returned to the Office for Community Development. Refunds are not income to the
program but are reductions in expenses.

The money is to be returned by making a check payable to the City of Holyoke - Office for Community
Development.

**EVALUATION OF CDBG ACTIVITIES**

As the monitoring and evaluation component of the Community Development Program, the Office for
Community Development will assess the performance of all Subrecipient activities.

The intent of evaluation is to assist the City and Community Development staff in the following:

1. Determine whether the Subrecipient is providing the services as described in the Scope of Services
2. Whether the Subrecipient is benefiting the target population, by type and number
3. Whether the activity is working to solve the problem as stated in the Subrecipient's proposal for funding
4. Whether the activity's cost/benefit ratio is reasonable for the services provided

Based upon the contracted contract Scope of Services, OCD will devise monthly reporting forms, which
will enable it to gather relevant data to assess the work performance of each Subrecipient. The reporting
forms will be designed to establish the following:

a. A comparison of actual accomplishments to the goals established for the period. Where the output
   of grant programs can be readily quantified, such quantifiable data will be related to cost data for
   computation of unit costs.

b. Reasons for slippage in those cases where the established goals were not met.
c. Other pertinent information such as start up, problems, personnel changes, and actions to secure other sources of funding.

The reports will be due in the OCD office no later than ten (10) days after the final workday of each month. All materials must be submitted on that date. OCD will then compile this data monthly in summary form for review by the Deputy Administrator. The data will be reported to HUD and used to meet requirements for the submission of an annual performance report.

**Reporting Requirements:**

1. If the activity has specific beginning and ending dates, reports shall be submitted only for the active period.

   Example: Summer Camp operating July and August only
   OCD retains the right to request reports every two weeks on short duration activities.

2. If the activity is part of a continuous annual program, reports must be submitted every month, even if all CDBG funds have been used.

   Example: Fair Housing Counseling for Holyoke residents is in continuous operation and does not stop when its CDBG support has been expended.

   OCD retains the right to disburse CDBG funds over a full 12-month period for continuously operating agencies or to disburse funds by unit of assistance, i.e. business assisted for job created.

   Failure to submit required reports will result in a cessation of CDBG payments.

   OCD will also make periodic site visits to the subrecipient to reconcile information contained in submitted reports and to verify the agency's back-up documentation (i.e., low and very-low benefit determination - See Documentation of Benefits) and to assess activities, work, or services in progress.

   HUD requires that OCD review subrecipient client files to determine income eligibility. HUD also requires that the monitoring report specifically identify the files reviewed. It is not necessary to provide the client name, if another identifying factor, such as case number, is available, so as not to breach medical or legal privilege. Invocation of medical or legal privilege suggests that the activity is incompatible with CDBG funding requirements and will result in immediate contract termination. Failure or refusal to allow monitoring of client files will also result in immediate contract termination.
DOCUMENTATION OF LOW/MODERATE INCOME BENEFITS

All Subrecipients carrying out a low and moderate income benefit activity are required to maintain documentation on the persons/households served.

Table A of the Subrecipient's monthly reporting form summarizes direct benefit activity. The data submitted on this form is subject to verification by on-site monitoring of documentation. A copy of Table A and HUD's most recent income guidelines are included herein. Instructions for completing the forms are as follows:

QUESTION A: Fill in the number of ALL the unduplicated persons/households served by CDBG activity. EXAMPLE: Client A is served by the Subrecipient's activity for the first time in August. Client A is counted in the August report, regardless of his/her income. The same client A is served again in September. The same client is NOT counted again for the September report.

QUESTION B: In order to submit information for question B, the Subrecipient must have a mechanism to determine family size and family income. If you need help developing such a mechanism, please contact the Deputy Administrator.

Of the number reported in QUESTION A, enter the number whose income is at or below the 30%, 31-50% or 51-80% LIMIT based on family size as shown on the accompanying income limits chart.

Even if you are dealing only with children in your activity, you will still need to know the child's family size and family income to determine whether the child is "counted" in Question B. It is very important that Questions B be completed accurately for HUD reporting purposes. Please note that the sum of Question B MAY NOT add up to the total reported in Question A, unless 100% of the persons/households benefited are low/moderate income.

QUESTIONS C and D: Are self-explanatory, but also require that a mechanism be in place to make the determinations. Question E and Please note the new race/ethnicity categories. Hispanic is not a race, it is an ethnicity.

There are also a number of cases where direct benefit documentation is determined by other than a client by client basis. In such cases, the subrecipient will be contacted and the notified of the benefit determination methods to be employed.

If you have any questions regarding income limits, direct benefit reporting and/or documentation requirements, please contact the Deputy Administrator, Alicia Zoeller (322-5610).
DEFINITIONS

CDBG Community Development Block Grant funds authorized under Title I of Housing and Community Development Act of 1974, as amended, and governed by the regulations of 24 CFR Part 570.

GRANTEE The unit of general local government (City of Holyoke) which receives CDBG funds through a grant agreement with HUD. Also know as "grant recipient".

HUD The U.S. Department of Housing & Urban Development.

OCD The Office for Community Development acting on behalf of the City of Holyoke in the administration of CDBG funds and CDBG program.

SUBRECIPIENT The City department, eligible non-profit agency or organization, or other eligible legal entity which is allocated CDBG funds by the City of Holyoke to undertake certain eligible CDBG activities and which is accountable to the City of Holyoke for the use of those funds received.

SUBRECIPIENT AGREEMENT The legally binding document which governs the allocation of CDBG funds to the Subrecipient and includes the Subrecipient's Scope of work, responsibilities and requirements.

SUBCONTRACT The legal document between a Subrecipient and the successful bidder or proposed under a required procurement procedure.

MODERATE INCOME HOUSEHOLDS A household having an income equal to or less than the Section 8 low-Income limit but greater than the Section 8 very-low income limit, as established by HUD for the area.

MODERATE INCOME PERSON A member of a moderate income family. Unrelated individuals are considered one-person families for this purpose.

LOW-INCOME HOUSEHOLDS A household having an income equal or less than the Section 8 very-low income limit, as established by HUD for the area.

LOW-INCOME PERSON A member of a low-income family. Unrelated individuals are considered one-person families for this purpose.

FAMILY All persons living in the same household who are related by birth, marriage or adoption.

HOUSEHOLD All persons who occupy a housing unit. The occupant may be a single family, one person living alone, two or more families living together, or any group of related or unrelated persons who share living arrangements.
DEFINITIONS FOR RACE AND ETHNIC DATA

HISPANIC
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

NOT HISPANIC
A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

AMERICAN INDIAN
A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

BLACK
A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

PACIFIC ISLANDER
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE
A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
MONTHLY REPORTING FORM

Agency:

Activity:

For the Month Ending:

Person Submitting Report:

Email Address:

Telephone Number:

1. Has the contract objective or scope of services changed this month (i.e. number proposed to be served or address and service area of activity): Yes No (check one)
   If yes, explain.

2. What exactly was done to count new persons/households for the number served in this period as declared in Section A on the Monthly Direct Benefit report?

3. Have any circumstances occurred that will alter your objective, the service area, the proposed level of benefits or the timetable? Yes No (check one) If yes, please explain.
   Are these changes permanent? Yes No (check one) If yes, how will the situation be remedied?

5. Is your rate of expenditure to date consistent with your approved Office for Community Development budget? Yes No (check one) If no, explain deviations and proposed remedies.

6. Have there been any personnel changes? Yes No (check one). If yes, describe and indicate if CDBG contributes to the salary of this position?

7. Has the agency been featured in any media this month? Yes No
   If yes, was OCD CDBG acknowledged? Yes No (check one) If yes, please attach copy.

   REMEMBER TO ACKNOWLEDGE CDBG SUPPORT IN MEDIA AND ACTIVITY EVENTS
MONTHLY DIRECT BENEFIT REPORT

AGENCY:

ACTIVITY:

FOR THE MONTH ENDING:

<table>
<thead>
<tr>
<th>TOTAL (UNDUPLICATED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENTS SERVED THIS MONTH</td>
</tr>
</tbody>
</table>

### A. TOTAL PEOPLE SERVED

### B. BENEFIT – MEDIAN INCOME OF THE SMSA

- Between 0% and 30%
- Between 31% and 50%
- Between 51% and 80%
- 81% and Over

### C. FEMALE HEAD OF HOUSEHOLD

Enter the number of female headed households

### D. DISABLED

Enter the number of disabled persons

### E. RACE /ETHNICITY

<table>
<thead>
<tr>
<th>Category</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>of which are Hispanic</td>
</tr>
<tr>
<td>Black/African American</td>
<td>of which are Hispanic</td>
</tr>
<tr>
<td>Asian</td>
<td>of which are Hispanic</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>of which are Hispanic</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>of which are Hispanic</td>
</tr>
<tr>
<td>Other/Multi-Racial</td>
<td>of which are Hispanic</td>
</tr>
</tbody>
</table>

**TOTAL BENEFITED**

(must equal totals in A)

---

I certify that all the information on this form is true and correct. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I also understand that this information will **NOT** be released to unauthorized persons.

Signature ___________________________ Date ____________

14
Client Intake Form

Agency: _________________________________________________________   Date: _____________________

Client Name: _________________________________________________________________________________

Address: _____________________________________________________________________________________

Female Head of Household:    Yes __________    No ___________

Disabled:    Yes ___________     No ___________

Hispanic:     Yes __________     No ___________

Race (must circle one):  White      Black      Asian       American Indian       Pacific Islander       Other/Mixed

Income:  

You must circle how many people are in your household AND

circle your household income under that column

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1 Person</th>
<th>2 Persons</th>
<th>3 Persons</th>
<th>4 Persons</th>
<th>5 Persons</th>
<th>6 Persons</th>
<th>7 Persons</th>
<th>8+ Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 30% Low or below</td>
<td>$18,050 or below</td>
<td>$20,600 or below</td>
<td>$23,200 or below</td>
<td>$25,750 or below</td>
<td>$27,850 or below</td>
<td>$29,900 or below</td>
<td>$31,950 or below</td>
<td>$34,000 or below</td>
</tr>
<tr>
<td>&lt; 50% Low or below</td>
<td>$30,100 or below</td>
<td>$34,400 or below</td>
<td>$38,700 or below</td>
<td>$42,950 or below</td>
<td>$46,400 or below</td>
<td>$49,850 or below</td>
<td>$53,300 or below</td>
<td>$56,700 or below</td>
</tr>
<tr>
<td>&lt; 80% Moderate or below</td>
<td>$44,750 or below</td>
<td>$51,150 or below</td>
<td>$57,550 or below</td>
<td>$63,900 or below</td>
<td>$69,050 or below</td>
<td>$74,150 or below</td>
<td>$79,250 or below</td>
<td>$84,350 or below</td>
</tr>
<tr>
<td>Over 80% or higher</td>
<td>$44,751 or higher</td>
<td>$51,151 or higher</td>
<td>$57,551 or higher</td>
<td>$63,901 or higher</td>
<td>$69,051 or higher</td>
<td>$74,151 or higher</td>
<td>$79,251 or higher</td>
<td>$85,351 or higher</td>
</tr>
</tbody>
</table>

Signatures are required

I certify that all the information on this form is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that the information on this application may be verified, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. I also understand that this information will NOT be released to unauthorized persons.

_______________________________     ___________    _____________________________________    ________
Client Signature            Date     Staff Signature           Date

PLEASE NOTE

Due to our monitoring requirements with HUD if this form is incomplete it will not be entered as a new client

Thank you
Formulario de Admisión del Cliente

Agencia: _______________________________________________ Fecha: _____________

Nombre del Cliente: ___________________________________________

Dirección: ______________________________________________

Número de Personas en el Hogar: ________

Jefe de Familia Femenino:    Si _______    No ________

Hispano: Si _______    No ________

Incapacidad: Si ____    No ________

Raza (circule uno): Blanco      Negro      Asiático       Indio Americano       Isleño del Pacífico Otro/Mixto

Debe circular cuántas son las personas de su familia y

circule con los ingresos de los hogares en la columna

<table>
<thead>
<tr>
<th>Tamaño de Familia</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8+</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 30%</td>
<td>$18,050</td>
<td>$20,600</td>
<td>$23,200</td>
<td>$25,750</td>
<td>$27,850</td>
<td>$29,900</td>
<td>$31,950</td>
<td>$34,000</td>
</tr>
<tr>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
</tr>
<tr>
<td>&lt; 50%</td>
<td>$30,100</td>
<td>$34,400</td>
<td>$38,700</td>
<td>$42,950</td>
<td>$46,400</td>
<td>$49,850</td>
<td>$53,300</td>
<td>$56,700</td>
</tr>
<tr>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>O inferior</td>
<td>o inferior</td>
</tr>
<tr>
<td>&lt; 80%</td>
<td>$44,750</td>
<td>$51,150</td>
<td>$57,550</td>
<td>$63,900</td>
<td>$69,050</td>
<td>$74,150</td>
<td>$79,250</td>
<td>$84,350</td>
</tr>
<tr>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
<td>o inferior</td>
</tr>
<tr>
<td>Over 80%</td>
<td>$44,751</td>
<td>$51,151</td>
<td>$57,551</td>
<td>$63,901</td>
<td>$69,051</td>
<td>$74,151</td>
<td>$79,251</td>
<td>$85,351</td>
</tr>
<tr>
<td>o más</td>
<td>o más</td>
<td>o más</td>
<td>o más</td>
<td>o más</td>
<td>o más</td>
<td>o más</td>
<td>o más</td>
<td>o más</td>
</tr>
</tbody>
</table>

Firmas Requerida

Yo certifico que toda información en este formulario es correcta y es verdadera y que todo ingreso está reportado. Yo entiendo que esta información es dada para recibir fondos federales, y que esta información puede ser verificada, y que la falsificación deliberada de la información me puede hacer sujeto a persecución bajo las leyes estatales y federales. Yo también entiendo que la información NO será divulgada a personas no autorizadas.

_________________________________________  ________  ___________________________________________  ________
Firma del Cliente                      Fecha   Firma del Personal     Fecha

POR FAVOR TENGAN EN CUENTA QUE

debido a nuestros requisitos en materia de supervisión con HUD si este formulario está incompleto, no se introduce como un nuevo cliente

gracias
## FY 2014 Income Limits Documentation System

**FY 2014 Income Limits Summary**

<table>
<thead>
<tr>
<th>FY 2014 Income Limit Area</th>
<th>Median Income Limit Category</th>
<th>FY 2014 Income Limit Category</th>
<th>Persons in Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hampden town</td>
<td>Very Low (50%)</td>
<td>1</td>
<td>30,100 34,400 38,700</td>
</tr>
<tr>
<td></td>
<td>Income Limits ($)</td>
<td>2</td>
<td>42,950 46,400 49,850</td>
</tr>
<tr>
<td></td>
<td>Click Here</td>
<td>3</td>
<td>53,300 56,700</td>
</tr>
<tr>
<td></td>
<td>Extremely Low (30%)</td>
<td>4</td>
<td>18,050 20,600 23,200</td>
</tr>
<tr>
<td></td>
<td>Income Limits ($)</td>
<td>5</td>
<td>25,750 27,850 29,900</td>
</tr>
<tr>
<td></td>
<td>Click Here</td>
<td>6</td>
<td>31,950 34,000</td>
</tr>
<tr>
<td></td>
<td>Low (80%)</td>
<td>7</td>
<td>44,750 51,150 57,550</td>
</tr>
<tr>
<td></td>
<td>Income Limits ($)</td>
<td>8</td>
<td>63,900 69,050 74,150</td>
</tr>
<tr>
<td></td>
<td>Click Here</td>
<td></td>
<td>79,250 84,350</td>
</tr>
</tbody>
</table>

**NOTE:** Hampden town is part of the Springfield, MA HUD Metro FMR Area, so all information presented here applies to all of the Springfield, MA HUD Metro FMR Area.

The Springfield, MA HUD Metro FMR Area contains the following areas: FRANKLIN COUNTY, MA; TOWNS OF Sunderland town, MA; HAMPDEN COUNTY, MA; TOWNS OF Agawam Town city, MA; Blandford town, MA; Brimfield town, MA; Chester town, MA; Chicopee city, MA; East Longmeadow town, MA; Granville town, MA; Hampden town, MA; Holland town, MA; Holyoke city, MA; Longmeadow town, MA; Ludlow town, MA; Monson town, MA; Montgomery town, MA; Palmer Town city, MA; Russell town, MA; Southwick town, MA; Springfield city, MA; Tolland town, MA; Wales town, MA; Westfield city, MA; West Springfield Town city, MA; Wilbraham town, MA; HAMPERSHIRE COUNTY, MA; TOWNS OF Amherst town, MA; Belchertown town, MA; Chesterfield town, MA; Cummington town, MA; Easthampton Town city, MA; Goshen town, MA; Granby town, MA; Hadley town, MA; Hatfield town, MA; Huntington town, MA; Middlefield town, MA; Northampton city, MA; Pelham town, MA; Plainfield town, MA; Southampton town, MA; South Hadley town, MA; Ware town, MA; Westhampton town, MA; Williamsburg town, MA; Worthington town, MA; Selecting any of the buttons labeled "Click Here" will display detailed calculation steps for each of the various parameters.