This Local Administrative Plan is anticipated to be a 'living document' and it is anticipated that there will be periodic updates during the term of the grant agreement.

- 1. Recipient
  - a. Enter the name of the County/City/Town/Village that was awarded the NYS CDBG funds
- 2. CDBG #
  - a. Enter the OCR assigned CDBG Project #
- 3. Prepared by
  - a. Enter the first and last name of the individual that completed the form
- 4. Date of Initial Submission
  - a. Enter the date the Local Recipient Administrative Plan was submitted to OCR for the first time

# I. Grant Administration Roles

- 1. Person responsible for overall administration of project
  - a. Enter the first name, last name, and title of the individual responsible for administering project
  - b. For ED/SB/ME projects: Is this person also responsible for monitoring the business during the project term?
    - i. If it is the same person responsible for "overall administration of project", select **Yes**
    - ii. If it is not the same person responsible for "overall administration of project", select **No** and enter the first name, last name, and title of the individual responsible for monitoring the business(es).
  - c. For Housing projects: Is this person also responsible for monitoring construction during the project term?
    - i. If it is the same person responsible for "overall administration of project", select **Yes**
    - ii. If it is not the same person responsible for "overall administration of project", select **No** and enter the first name, last name, and title of the individual responsible for monitoring construction.
- 2. Person from municipality responsible for preparing Request for Proposals/Qualifications (RFP/Q), (if applicable)
  - a. Enter the first name, last name, and title of the individual responsible for preparing the RFP/Q

- 3. Consultant (if applicable)
  - a. Enter the first name, last name, and title of the consultant assigned to the project
  - b. Person responsible for monitoring consultant -
    - If professional contract services are procured, then the entity responsible for hiring them must also be the ones to monitor them. The responsible hiring entity could be the primary recipient or subrecipient.
    - ii. Enter the first name, last name, and title of the person overseeing the consultant
- 4. Subrecipient Contact (if applicable)
  - a. Enter the first name, last name, and title responsible from the subrecipient organization
  - b. Person responsible for monitoring subrecipient
    - i. This person MUST be the primary recipient.
    - ii. Enter the first name, last name, and title <u>from the municipality</u> overseeing the subrecipient

# Financial Management

- 1. Person who approves expenditures as it relates to CDBG:
  - a. Enter the first and last name approving project expenses and expenditures
- 2. Person who signs CDBG Checks:
  - a. Enter the first name, last name, and title of the individual responsible for signing checks sent by CDBG
- 3. Person responsible for general ledger transactions:
  - a. Enter the first and last name of the individual responsible for overseeing ledger transactions

# II. Procurement

- 1. What was the date the RFP was published?
  - a. Include date the RFP was published
- 2. What was the due date of the RFP?
  - a. Include the date the RFP deadline for interested applicants
- 3. How was MWBE outreach conducted?
  - a. Describe the methodology used to reach out to MWBE organizations (e.g. emails sent, publications, direct outreach)
- 4. Number of proposals received
  - a. Include number of proposals receive.
- 5. If only 1 response was received, date OCR was notified
  - a. If only 1 response was received, include date OCR was made aware

## III. National Objective

This section is largely intended to be informational and to assist the Recipient to better understand the National Objectives (NO) requirements for the CDBG Program

- 1. Select which national objective is being met in the project
- 2. If a project is meeting a National Objective which includes documentation (income surveys, family income form, tax returns), please note the safe, secure location that these are retained.
  - **a.** This is a crucial step, if income surveys become misplaced or lost, the project may not be able to demonstrate compliance with NO which could result in the recapture of funds

## IV. Required Attachments - Insert or attach each of the required policies

- 1. Fair Housing should include a copy of the resolution appointing the Fair Housing Officer and documentation of any efforts to Affirmatively Further Fair Housing (AFFH).
  - a. Fair Housing applies to all NYS CDBG funded activities and projects
  - b. For more information, please contact FEHO
- 2. Section 504 Grievance Procedure
  - a. Not including elected officials, employees include all full-time, part-time, permanent and seasonal employees
  - b. <u>For Recipients with more than fifteen (15) employees</u>, an adopted plan is required
  - c. <u>For Recipients with more than fifty (50) employees</u>, in addition to the adopted plan, the plan must also be published as a legal notice and Grievance Procedure officer designated by resolution
  - d. <u>For Recipients with fourteen (14) or fewer employees</u>, Section 504 does not apply, however, OCR would still encourage compliance
- 3. Procurement
  - a. Should include Affirmative MWBE/Section 3 language
  - b. If project underwent procurement Attached required documentation listed
- 4. Equal Employment Opportunity (EEO)
  - a. Provide documentation from procurement policy and local employee handbook which demonstrates EEO is included
  - b. <u>EEO4 If applicable</u>, provide a copy of the most recent EEO4 form
- 5. Subrecipient Agreement
  - a. If a subrecipient is listed, include subrecipient agreement.
- 6. Section 3
  - a. Applicable to any NYS CDBG award to a local municipality subject to Section 3
- 7. Consultant Agreement
  - a. If a consultant is listed, include consultant agreement.

- 8. Housing, Housing Rehab, or Homeownership Activity
  - a. If this project contains a Housing, Housing Rehab, or Homeownership Activity then please attach form 5-1 and 5-2.
- 9. Indirect Costs
  - a. If the project anticipates indirect costs being charged to the program then please attach a cost allocation plan.