Exhibit 1-1
NYS CDBG Program
Local Recipient Administrative Plan

Recipient	
CDBG #	
Prepared by	
Submission Date	

The Administrative Plan is a required document that **must be submitted by the recipient to the OCR prior to requesting funds for the first time for each project**.

Please fill out all fields as indicated below and send the completed Administrative Plan to your assigned community/economic developer via email.

I. Grant Administration Roles

- Person responsible for overall administration of project -
  Name:_____ Title: _____
  - For ED/SB/ME projects: Is this person also responsible for monitoring the business during the project term?
    - ☐ Yes
    - ☐ If No, please provide the person's -
      Name:_____ Title: _____
  - For Housing projects: Is this person also responsible for monitoring construction during the project term?
    - ☐ Yes
    - ☐ If No, please provide the person's -
      Name:_____ Title: _____

- Person from municipality responsible for preparing Request for Proposals/Qualifications (RFP/Q), (if applicable) -
  Name:_____ Title: _____

- Consultant (if applicable) -
  Name:_____ Title: _____
  - Person responsible for monitoring consultant -
    Name:_____ Title: _____

- Subrecipient Contact (if applicable) -
  Name:_____ Title: _____
  - Person responsible for monitoring subrecipient -
    Name:_____ Title: _____

- Financial Management – *a different individual must be identified for each line below*.
    - Person who approves expenditures as it relates to CDBG:
      Name:_____ Title: _____
    - Person who signs CDBG Checks:
      Name:_____ Title: _____
    - Person responsible for general ledger transactions:
      Name:_____ Title: _____

II. **Procurement.** Will the project require Request for Proposals/Qualifications? If **yes**, see below:

Procurement Requirements for Request for Proposals/Qualifications (RFP/Q):

- Clearly specify within the RFP the minimum qualification that must be met in order for a proposal to be considered, as well as all significant evaluation factors and a scoring system
- Provide an adequate period of time within which bidders could submit a response to the RFP (Generally 3-4 weeks).
- Sufficiently advertise in a publication of general circulation and in minority newspapers to allow for open and fair competition
- Make outreach efforts to identify qualified firms that might be interested in submitting a proposal for the contract, including qualified MBE's, WBE's, small businesses, and local businesses. For example, OCR can accept a posting in a minority newspaper, NYS Contract Reporter, or evidence of direct outreach to MWBE firms (via email, mail, or fax). All or one of these methods would be sufficient.
    - Minority and Women's Business Enterprises (MWBE) – Recipient must demonstrate good-faith efforts to contract with M/WBE firms. See Chapter 7 of the OCR GAM for additional information

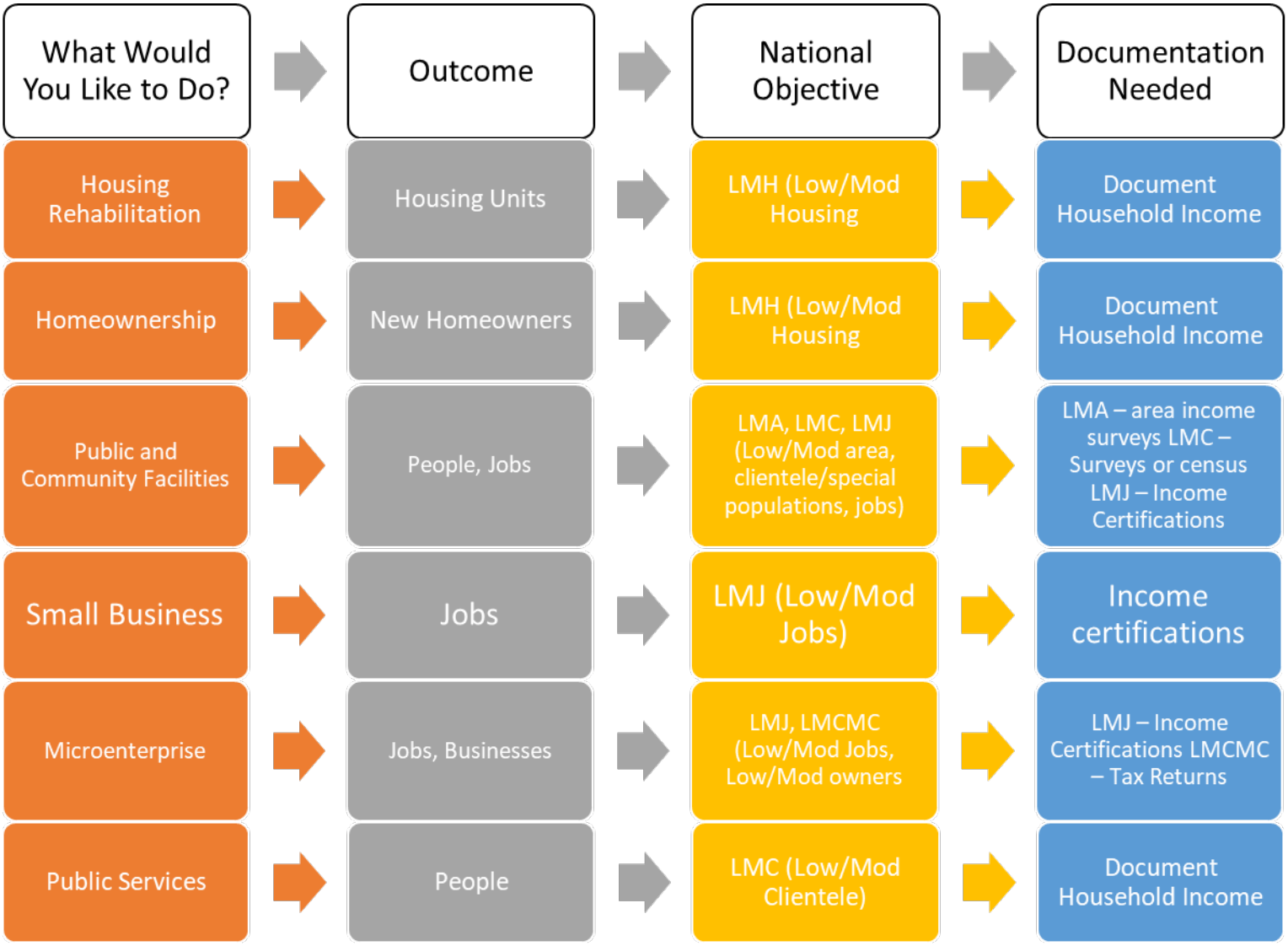
At time of the Administrative Plan's submission, has an RFP/RFQ been issued? If **yes,** see below:
Please note additional attachments will be required, see checklist on last page.

- What was the date the RFP was published?: _____
- What was the due date of the RFP?: _____
- How was MWBE outreach conducted?:

_____

- Number of proposals received _____
- If only 1 response was received, date OCR was notified: _____

III. National Objective



Which national objective is being met in this project?

- ☐ LMH (LMI Housing Benefit)
- ☐ LMA (LMI Area Basis)
- ☐ LMC (LMI Limited Clientele)
- ☐ LMJ (Job Creation or Retention)
- ☐ LMCMC (Limited Clientele, Micro-enterprises)

Please provide a file path or brief description of where national objective documentation is stored or maintained (e.g. income surveys, family income forms, tax returns – microenterprise):

IV. Required Attachments

The following documentation is **required** for the CDBG Program and **must be attached** to this Administrative Plan or previously submitted and on file with OCR .

☐ The **Fair Housing Plan** was previously submitted with the HTFC Grant Agreement prior to execution.

See Chapter 7 of the OCR GAM or visit HCR's Fair and Equitable Housing Office's (FEHO) AFFH website

☐ For municipalities with fifteen (15) or more employees attach evidence of:
- ☐ Section 504 Grievance Procedure for ADA related compliance
- ☐ Designation of Section 504 ADA coordinator
- ☐ ADA public notice.

See Chapter 7 of the OCR GAM for template documents and HUD's Reasonable Accommodations and Modifications website for further information.

☐ Attach **Procurement Policy**, Recipient must have a local procurement policy that addresses each item listed in 2 CFR 200.318 - .326 in place. **Affirmative MWBE/Section 3 language should be included in local procurement policy

Did the project undergo the Request for Proposals/Qualifications process? If yes, see below:
- ☐ Copy of the RFP
- ☐ Affidavit of Publication
- ☐ Evidence of MWBE Outreach

See Chapter 7 of the OCR GAM for further information.
**As the recipient completes individual procurements, evidence thereof must be submitted to the community/economic developer.*

☐ Attach **EEO Policy**, which includes Equal Employment Opportunity language in all procurements and the language must also be included in the local procurement policy.

See Chapter 7 of the OCR GAM for further information.

Does the municipality have over one hundred (100) employees? If yes, see below:

☐ Attach the most recently submitted **EEO-4 Survey**

See Chapter 7 of the OCR GAM or the Federal EEO-4 website for further information.

Does the municipality have a subrecipient listed on the grant? If yes, see below:

☐ Attach the **Subrecipient Agreement**. Recipients must send OCR any subrecipient agreements they enter into for review.

Is the CDBG Project subject to Section 3? If yes, see below:

☐ Attach **Section 3 Policy, or** Recipients must have approved Section 3 Plan on file with the OCR.

See Chapter 7 of the OCR GAM or the HCR Section 3 Compliance website.

Does the municipality have a consultant listed on the grant? If yes, see below:

☐ Attach the **Consultant Agreement**. Recipients must also send OCR any consultant agreements they enter into for review.

Does this project contain a Housing, Housing Rehab, or Homeownership Activity? If yes, see below:

☐ Attach 5-1 CDBG Lead Based Paint Compliance Certification - Rehab
☐ Attach 5-2 CDBG Lead Based Paint Compliance – Acquisition

Does this project anticipate indirect costs being charged to the program? If yes, see below:

☐ Cost Allocation Plan

V. Program Income and NFP Qualification under Section (105)(a)(15) of the HCDA (as applicable)

Proceeds or revenues from community economic development, neighborhood revitalization and/or energy conservation projects activities by nonprofit organizations qualified under Section 105(a)(15) of the Housing and Community Development Act are *not considered program income*. Examples of eligible entities under this rule may include:

- Small Business Investment Companies organized under 15 USC Section 681,
- SBA Section 504 Certified Development Companies,
- Community Action Agencies,
- Community Development Corporations,
- Local Development Corporations, and
- Community Housing Development Organizations (CHDOs) under the HOME program
- NYS Land Banks

If a CDBG recipient grantee intends to enter into a subrecipient relationship with a qualified not-for-profit organization to undertake an activity as described in this section, and plans to exercise the above exception to program income, OCR will require as part of the CDBG Administrative Plan the following information for the subrecipient entity:

☐ Brief justification statement from CDBG recipient describing the need for participation of the not-for-profit in undertaking this activity;
☐ Provide brief explanation of how the organization actively engages in or leads neighborhood-scale community or economic development activities
☐ Certificate of Incorporation or other documentation of incorporation as a not-for-profit corporation
☐ By-laws, including mission statement of the participating not-for-profit
☐ Brief description from not-for-profit of intended future use for any revenues generated from the CDBG funds

Exhibit 1-1
NYS CDBG Program
Local Recipient Administrative Plan
Instructions

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 -
        i. 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

<u>Financial Management</u>

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. For Recipients with more than fifteen (15) employees, an adopted plan is required
    c. For Recipients with more than fifty (50) employees, in addition to the adopted plan, the plan must also be published as a legal notice and Grievance Procedure officer designated by resolution
    d. For Recipients with fourteen (14) or fewer employees, 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. EEO4 - If applicable, 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.