ATTACHMENT A

**CITY OF PLYMOUTH, MINNESOTA**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

### STATEMENT OF WORK/ SCOPE OF SERVICES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Project Title:** | |  | | | | | | | | | | | | |
|  |  | | |  | | | |  |  | | |  | |  | |
| **2.** | **CDBG Project Year:** | | | | | |  | | | **Reference Number:** | | | | |  |
|  |  | | |  | | | |  |  | | |  | |  | |
| **3.** | **Entity Responsible for Carrying Out this Project:** | | | | | | | | | | | | | | |
|  |  | | |  | | | |  |  | | |  | |  | |
|  | **Name:** |  | | | | | | | | | **Phone:** | |  | | |
|  |  | | |  | | | |  |  | | |  | |  | |
|  | **Organization Name:** | | | | |  | | | | | | | | | |
|  |  | | |  | | | |  |  | | |  | |  | |
|  | **Address:** | | | |  | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **4.** | **General Project Description:** (Attach and number prepared documents as appropriate) | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **5.** | **Statement of Need:** (Reasons for undertaking this project) | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |

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| --- | --- |
| **6.** | **Project Goals and Objectives:** (What will be achieved as a result of this project, how many anticipated persons or households served?) |

|  |  |
| --- | --- |
| **7.** | **Service Area/Target Population:** (Attach specific area description, map(s), and description of population to be served) |
|  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **8.** | **Activities to be Undertaken/Progress Schedule:** (be specific)  **Anticipated Timeline** (quarterly, semiannually) | | | | | |
|  | |  | | | | | |
| **Time**  **Period** | | | **Amount/**  **Source** | **ACTIVITY** | | **PERSON**  **RESPONSIBLE** | | |
| FROM:  TO: | | |  |  | |  | | |
| **FROM:**  **TO:**  **(enter dates** | | |  |  | |  | | |
| **FROM:**  **TO:**  **(enter dates** | | |  |  | |  | | |
| **COMPLETION DATE:** | | | | |  |  | | |

**9. BUDGET:** Fill in line items as appropriate and identify other sources of funding:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CATEGORY** | **CDBG** | **Match** | **other** | **TOTAL** |
| **DIRECT COSTS:** |  |  |  |  |
| **Salaries\*** |  |  |  |  |
| **Fringe Benefits** |  |  |  |  |
| **Postage** |  |  |  |  |
| **Consumable Supplies** |  |  |  |  |
| **In City Travel** |  |  |  |  |
| **Printing/Materials** |  |  |  |  |
| **Consultant\*\*\*** |  |  |  |  |
| **Other\*\*\*\*** |  |  |  |  |
| **OR:** |  |  |  |  |
| **Indirect Costs\*\*** |  |  |  |  |
| **Indirect Personnel Costs\*** |  |  |  |  |
| **Indirect Operating Costs** |  |  |  |  |
| **Totals:** |  |  |  |  |

**\*If proposal includes personnel, attach job descriptions.**

**\*\*Must have an approved indirect cost allocation plan.**

**\*\*\*Consultants: proposed terms of each contract must be attached.**

**\*\*\*\*Attach a detailed explanation of this category, list specific expenses.**

**10.a. ELIGIBILITY FOR USE OF CDBG FUNDS FOR THIS PROJECT IS BASED ON THE FOLLOWING ACTIVITIES:**

**b. Subgrantee will document compliance with eligibility requirements of 24 CFR Part 570 in the following manner** (list records and reports)

Records providing a full description of the activity assisted with CDBG funds, including its location, the amount of CDBG funds budgeted, obligated and expended. Such documentation should include invoices, schedules containing comparisons of budgeted amounts and actual expenditures, construction progress schedules signed by appropriate parities, and/or other documentation appropriate to the nature of the activity.

**NATIONAL OBJECTIVE**

**11.a. HOUSING ACTIVITIES: The National Objective this project meets is stated under Section 570.208:**

**DIRECT BENEFIT:** 570.208 (a)(2)(iv): Verify that those persons receiving assistance are income eligible through third party verifications that information is provided on family size and income so that it is evident that 51 percent of the clientele are persons whose family income does not exceed the low and moderate income limit.

**NOTE:** When $25,000 of CDBG funds are in a project Change of Use Regulations apply.

**12. Salary and Wage Documentation:**

Program is non-construction and exempt from Davis-Bacon Act requirements.

**13. Other Administrative Documentation Requirements:**

Compliance with regulations cited in Attachments B and C of this agreement.

**14. Subgrantee acknowledges that it is familiar with the Eligibility, National Objective and Administrative Requirements identified in Paragraphs 10, and 11 above and that a material failure to comply with these and other applicable Federal Regulations will entitle the City to enforce remedies for noncompliance in accordance with Section 85.43 of 24 CFR Part 85.**

**15. Disbursement Schedule of CDBG Funds.**

**a. Conditions to disbursement:**

Requests for payment, with required documentation attached, should be sent to Matt Lupini, City of Plymouth, for review and approval.

**b. Schedule for disbursement:**

Requests for reimbursement of funds may be submitted as needed but not more often than once a month. Note: any reimbursement reqests for first half of subject program year must be received by January 15.

1. **Certification of Work Completion: (Describe method and responsibilities for documenting completion of work)**

Work will be monitored through reports and on-site monitoring as necessary.

**17. Other Agreements, if any, for funding of activity:** None