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CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health Office
203 - 797-4625
Fax 796-1596

Social Services Office
203 - 797-4569
Fax 797-4566

4/27/15

Mayor Mark D. Boughton &
City Council
155 Deer Hill Rd
Danbury, CT 067810

Re: Homeless Shelters Application to State of Connecticut Community Investment Account

Please note that the Department of Health & Human Services has been working with the State of Connecticut on finding an alternate source of funding for the shelter operated by the City of Danbury. Recently, the State has preliminarily approved a source of funds from the Community Investment Account through the Department of Housing in CT. This new funding stream will provide a more "flexible" type of funding stream that can be used for many purposes that was not allowed through the DOH grant alone.

To this end; a "placeholder" application is being held by the CIA for complete funding for the Homeless Shelter Evening program. Please see the letter attached from Ms. Zaborowski concerning the immediate need for approval of the application to secure funding for the Shelter for the July 1, 2015 - June 30, 2016 grant year.

Sincerely,

Scott T. LeRoy MPH, MS

Director of Health & Human Services

All City Services 311
Eviction Prevention 797-4565
Information-Referral 797-4569

Dial 2-1-1 for all
Connecticut Services!

Emergency Shelter 796-1661
Em. Shelter Fax 796-1660
WIC Program 797-4638



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April 27, 2015

TO: Mayor Mark Boughton and City Council
FR: Susan Zaborowski, Social Service Manager
TR: Scott LeRoy, Director of Health and Human Services
RE: Application to Community Investment Account (CIA) Fund

The City of Danbury's Emergency Shelter utilizes State and Federal funds to properly facilitate and operate all services to our homeless population and those at risk of becoming homeless in the Danbury community.

An application to the State of Connecticut's Community Investment Account fund will provide major funds for operating expenses of the Shelter. I am requesting permission to apply for funding for fiscal year, starting July 1, 2015 through June 30, 2016, not to exceed approximately \$120,000.

There are no matching funds required. Thank you.



RESOLUTION

7-2

CITY OF DANBURY, STATE OF CONNECTICUT

_____ A.D. 2015

RESOLVED BY THE CITY COUNCIL OF THE CITY OF DANBURY

WHEREAS, the State of Connecticut Department of Housing has notified the City of Danbury Health and Human Services Department of funding available for July 1, 2015 for the emergency shelter; and

WHEREAS, this contract covers the period July 1, 2015 through June 30, 2016, for a total amount of \$120,000.00; and

WHEREAS, this program will be funded through the State of Connecticut's Community Investment Account fund; and

WHEREAS, shelter operating expenses will be funded through this program with no local match required.

NOW THEREFORE BE IT RESOLVED THAT Mark D. Boughton, Mayor of the City of Danbury, or Scott T. Leroy, Director of Health, as his designee, is hereby authorized to apply for and accept said funds and to execute all contracts and agreements necessary to effectuate the purposes thereof.

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EMERGENCY FOOD & SHELTER PROGRAM

Application for Phase 32 Funding (Spending Period March 1, 2014-October 31, 2015)

The original application and all attachments must be received by Noon on Monday, March 30, 2015. In addition, the application **MUST** be emailed to melissa.hannequin@uwwesternct.org by the stated deadline.

Send to: United Way of Western Connecticut
Attn: Melissa Hannequin
85 West Street
Danbury, Connecticut 06810

PART I. APPLICANT ORGANIZATION

Agency Name: City of Danbury Health and Human Services/Emergency Shelter
Address: 155 Deer Hill Avenue, Danbury, Connecticut 06810
Contact/Title: Susan Zaborowski, Social Service Manager
Phone/Extension: 203 796-1504 Fax: 203 797-4566 Email: s.zaborowski@danbury-ct.gov
Executive Director: Scott LeRoy, Director of Health and Human Services
Phone/Extension: 203 797-4625 Email: s.leroy@danbury-ct.gov
Signature: _____ Date: _____

PART II. ELIGIBILITY CRITERIA

Nonprofit status: The agency is a public or private nonprofit organization. (Check one)

- Government Agency (public entity)
 Private Nonprofit (501(c) 3 or 501(c) 4): If your agency has not previously received EFSP funds, attach Federal tax exempt letter.

Required Documents to be included with application:

- Local Recipient Organization Certification completed and submitted
 Certification Regarding Lobbying completed and submitted, if applicable
 List DUNs Number here or indicate need to obtain: _____

Is your organization debarred or suspended from receiving Federal Funds? Yes No

Accounting System: The organization has an established accounting system and conducts an independent annual audit.

- Yes. Please indicate the CPA firm which conducted the organization's most recent financial audit and the time period covered by the audit:

Attach a copy of the organization's most recent audit if your agency has not received EFSP funding in the last 5 years.

No. The organization does not conduct an independent annual audit. Please attach current internal agency budget and year-to-date financial statements

Define the geographical boundaries of the service(s) for which EFSP funds are requested.

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ACCESSIBILITY

Is your facility accessible for people with disabilities? (Check one) Yes No

**EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM
PHASE 32 LOCAL RECIPIENT ORGANIZATION CERTIFICATION**

By signing this Local Recipient Organization (LRO) Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 30 Responsibilities and Requirements Manual and Phases 31 and 32 Addendums, including the Grant Agreement Articles (revised in Phase 32 Addendum), Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual and the accompanying Phases 31 and 32 Addendums. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board has been provided and we have retained a copy of this form for our records

I certify that my public or private agency:

- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Has an accounting system, and will pay all vendors by an approved method of payment.
- Understands that cash payments (including petty cash) are not eligible under EFSP.
- Conducts an independent annual review if receiving \$25,000-\$49,999/an independent annual audit if receiving \$50,000 or more in EFSP funds, and an OMB Circular A-133 if receiving \$500,000 or more in Federal funding.
- Has not received an adverse or no opinion audit.
- Is not debarred or suspended from receiving Federal funds.
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks – front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.

Note: Check this box only if your Local Board has additional requirements beyond those of the National Board. The Local Board must attach a copy of those requirements to the Local Board Plan when submitted to the National Board.

This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.

LRO ID (9 digits): 142262-008 FEIN#: 06-6001868 DUNS #: 072123250
 LRO Name: City of Danbury
 Address: 155 Deer Hill Avenue
 City/State/Zip: Danbury, CT 06810
 Phone #: (203) 797-4625 Fax #: (203) 796-1596 Email: S.Leroy@danbury-ct.gov
 Print Name: Scott Leroy
 Signature: _____ Date: _____