

## EXHIBIT A

# CITY OF FORT BRAGG

## CDBG-CV Subsistence Payments Guidelines

### For Utility Assistance

#### I. Program Description:

The COVID-19 Utility Assist program (“Program”) provides emergency utility grants to income-eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay, who live in the Fort Bragg city limits.

The Program grant is a one-time payment made on behalf of an income-eligible household, to reduce utility payment delinquency in arrear as a result of the economic impact of COVID-19. Applicants who received Program grants prior to October 24, 2022 may be eligible for a second payment. Eligible Utility Assistance is for City of Fort Bragg (Water and Wastewater); PG&E (Gas and Electricity); and/or other eligible utility providers (Propane, Kerosene, Diesel, etc).

The City of Fort Bragg COVID-19 Utility Assist Program is funded through CDBG-CV funds allocated under the 2020 CARES Act and governed by the Federal Register Notice FR-6218-N-01-CDBG-CV, dated August 7, 2020 which is dispersed through the State California Department of Housing and Community Development (HCD) CDBG Program.

(Note: The primary purpose of the CDBG-CV program is to benefit low- and moderate-income (LMI) persons, households, and neighborhoods. LMI is defined as 80 percent of the HUD adjusted median family income (HAMFI), adjusted by household size.)

#### II. Program Assistance

This program is designed to provide utility assistance to Low/Mod households within the Fort Bragg city limits.

A Program grant is a one-time payment made on behalf of an income-eligible household, to reduce utility payment delinquency in arrears as a result of the economic impacts of COVID-19. The Program will provide subsistence payments of up to \$1,000 per eligible household to eligible utility providers.

Applicants who received a Program grant before October 24, 2022 in an amount not exceeding \$500.00 may be eligible for a second Program grant. In order to receive a second Program grant, applicant must complete a second application and must be

determined eligible at the time of second application and the total aggregate Program grant funding received must not exceed \$1,000.00.

### **III. Eligible Households**

Households and families must be eligible for CDBG assistance to participate in the CDBG-CV funded subsistence payment programs. Eligible households must meet **ALL** of the following:

- Family/Household with a LMI household income ( $\leq 80\%$  county median income) based on applicable CDBG Income Limits
- Family/Household with a documented financial need **due** to COVID-19 (loss of employment, or additional household members sheltering in place, or other COVID-19 related impact)
- Family/Household resides in the City of Fort Bragg (service area)
- Prove residency at the current utility bill address
- Family/Household is not able to access other payment assistance for same costs (no duplication of benefit)

### **IV. Ineligible Households**

An ineligible Program applicant is anyone whose primary residence is outside of the service area. Persons residing in a household that exceeds current Income Limits are not eligible. Businesses or non-profit organizations are not eligible for the program. Prior recipients of Program financial assistance are not eligible for additional emergency financial assistance.

### **V. Application Processing and Procedures**

Upon the receipt of a HCD letter releasing Program, the City will conduct outreach and marketing to individuals in the Program service area. City staff will work to develop a marketing plan for the Program to outreach to persons in the community regarding the availability and accessibility of the Program. This plan shall be kept on file and updated as needed to ensure that all residents in the service area are informed about and have access to Program applications.

Applications will be processed on a first come first served basis until available funding is depleted. See **Attachment A** for a sample Program Application form. The City's Program staff will accept applications and review for HUD income eligibility per Department standards and for other program eligibility requirements.

All Program Applications received, both denied and approved, will be logged and kept on file in accordance with HSD records retention act. Applicants who do not meet

eligibility requirements of the program will be notified in writing with an explanation of ineligibility. Files will be set up for all eligible program participants to document compliance with all CDBG regulations, HCD policy, and adopted Program Guidelines, and to document all services provided.

**VI. Definition of Household and Income**

A Household is defined as all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related persons who share living arrangements. Therefore, household member information must include, at a minimum, the following:

- a. Full names and ages of all family members as well as any unrelated persons living in the residence; and
- b. Signature of the primary applicant(s), certifying that the information provided related to the annual household income and members is correct.

**VII. Annual Income**

Defined as the total gross amount of income received from all sources by adult individuals of the household who have earned or received income during a 12-month period prior to the March 27, 2020 authorization of the Coronavirus Aid, Relief, and Economic Security Act. Eligibility of Income and National Objectives of this program will follow the U.S. Department of Housing and Urban Development Docket No. FR-6218-N-01 (CDBG CARES ACT) Notice of Program Rules, Waivers, and Alternative Requirements Under the CARES Act for Community Development Block Grant Program Coronavirus Response Grants.

To determine program eligibility, all sources of annual income for each household member over the age of 18 and the exact amounts earned from each income source must be accurately documented. The primary applicant(s) are also required to certify by signature that the information provided regarding household members is correct.

Eligible households must be below the Low/Mod Income limits for household size. Below are the current Income Limits as set by HCD, effective June 15, 2022. Income Limits are updated annually by HCD. Program applications will be updated to reflect current HCD Income Limits as applicable and staff will refer to current Income Limits when evaluating applications for eligibility.

Income Category:	1	2	3	4	5	6	7	8
<b>60%</b>	\$33,780	\$38,580	\$43,380	\$ 48,180	\$ 52,080	\$ 55,920	\$ 59,760	\$ 63,600

80%	45,500	\$ 51,400	\$ 57,850	\$ 64,250	\$ 69,400	\$ 74,550	\$ 79,700	\$ 84,850
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### VIII. Documentation of Economic Impact During COVID-19

Applicant households must submit documentation confirming negative impact during the COVID-19 pandemic.

- a. Workplace closure or reduced hours due to COVID-19, including lay-off, termination, loss of working hours, income reduction resulting from business closure or other employer economic impacts of COVID-19. Self-certification of household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 27, 2020 to present); or, self-certification of furlough from employer during the eligible pandemic period (March 27, 2020 to present); or, self-certification of household member(s) notification confirming reduction in hours and/or pay during the eligible pandemic period (March 27, 2020 to present); or, self-certification of household member(s) application during the eligible pandemic period (March 27, 2020 to present) and/or approval for Unemployment Insurance benefits; or A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during an eligible pandemic period (March 27, 2020 to present);
- b. Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19;
- c. Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the tenant or a member of the tenant’s household who is ill with COVID-19;
- d. Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency;
- e. Reasonable expenditures stemming from government ordered emergency measures;
- f. Any additional factors relevant to the households reduction in income as a result of the COVID-19 pandemic.

### IX. Program Administration

- Market the Program;
- Accept and process participant applications;
- Document participant CDBG Program eligibility; and

- Ensure set up of participant files to document all provided services and associated costs.

## **X. Record Retention, Program Reporting and Monitoring**

The operating agency for the COVID-19 Utility Assist program shall maintain application files, company information, and all program administration records, written and digital, for no less than a period of 5 years from the end of the program in accordance of the HCD Standard Agreement.

The operating agency for the Program shall report, approved and assisted households, and their corresponding assistance information as directed by the funder.

## **XI. Duplication of Benefits**

All CDBG-CV applicants are required to complete a duplication of benefits affidavit for assisted activities to demonstrate that no financial assistance has been received or is available to pay costs charged to a CDBG-CV grant. To comply with this requirement, the City will certify that no other funds are available for an activity by maintaining records of compliance with mandatory duplication of benefits requirements described in the Federal Register Notice.

A CDBG-CV grantee is required to develop and maintain adequate procedures to prevent a duplication of benefits that address (individually or collectively) each activity or program. A grantee's policies and procedures are not adequate unless they include, at a minimum: (1) a requirement that any person or entity receiving CDBG-CV assistance must agree to repay assistance that is determined to be duplicative; and (2) a method of assessing whether the use of CDBG-CV funds will duplicate financial assistance that is already received or is likely to be received by acting reasonably by evaluating need and the resources available to meet that need. It is the intent of this document to present the City of Fort Bragg's policy to uphold, enforce and document conformance with the duplication of benefit requirements which cover use of its CDBG-CV funds.

## **XII. Housing and Community Development Act of 1974, Equal Opportunity Policy, Age Discrimination, and Section 504 of the Rehabilitation Act of 1973**

Section 109, title I of the Housing and Community development Act of 1974, provides that no person shall, on the grounds of race, color, national origin, or sex, be excluded from participation in, be denied, the benefits of, or be subjected to discrimination under any program or activity funded in whole or part with funds made available under this Title.

The City shall not discriminate based upon sex, age, race, creed, color, religion, national origin, marital status, ancestry or physical handicap in either the awarding of a

contract for Emergency Utility Assistance Program Grant, or in accepting applications and processing program grants.

The City of Fort Bragg complies with the provisions of the Age Discrimination Act of 1975, prohibiting against discrimination on the basis of age, or with respect to an otherwise qualified handicapped individual, as provided in Section 504 of the Rehabilitation Act of 1973.

### **XIII. Civil Rights Act of 1964**

The City complies with the Title VI of the Civil Rights Act of 1964, which provides that no person shall, on the grounds of race, color, national origin, may be excluded from participation in, be denied the benefits of, or be subjected to discrimination under an program or activity receiving Federal financial assistance.

### **XIV. Conflict of Interest**

No COVID-19 Program funding will be provided to any member of the governing body of the City of Fort Bragg, nor any designee of the City of Fort Bragg; no member of the above organizations shall have any interest, direct or indirect, in the proceeds from a grant from this Program.

("Attachment A")

**CITY OF FORT BRAGG**

**Community Development Block Grant Program (CDBG) COVID-19 Utility  
Subsistence Payment - Application and Verification Form**

Up to \$1,000.00 total is available to qualifying families impacted by COVID-19 for emergency subsistence payments. To request assistance, you must meet the program requirements, submit required documentation, and certify this form. Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

Please print:

<b>Name(s)</b>			
<b>Residential Address</b>		<b>Phone</b>	
<b>Email</b>		<b>Total Amount Requested</b>	<b>\$</b>
<b>Make payment on my behalf to:</b>			
<b>Name</b>		<b>Phone or Email</b>	
<b>Address/Account#</b>			
<b>Proposed Use of Funds</b>	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> PG&E <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____		
<b>Month(s) to Cover</b>		<b>Amount</b>	<b>\$</b>
<b>Name</b>		<b>Phone or Email</b>	
<b>Address/Account#</b>			
<b>Proposed Use of Funds</b>	<input type="checkbox"/> Water Utility <input type="checkbox"/> Sewer Utility <input type="checkbox"/> PG&E <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____		
<b>Month(s) to Cover</b>		<b>Amount</b>	<b>\$</b>
	<b>Data</b>		<b>YES</b>
	<b>NO</b>		
<i>DUPLICATION OF BENEFIT</i> – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above? (If yes, please complete supplementary income form attached)		<input type="checkbox"/>	<input type="checkbox"/>
<i>COVID-19 IMPACT</i> – Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If YES, Provide details: _____	EST. % loss of revenue from one year previous: _____%	<input type="checkbox"/>	<input type="checkbox"/>
<i>SUBSISTENCE/EMERGENCY STATUS</i> – Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment need?	Number of months unable to pay: _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>LMI Household Income Qualification Questions</b>							
Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household. Consult the program if unsure.							
<b>Total Household Income anticipated during the next 12 months</b>							
Name  List <u>all</u> household members, including yourself.	Age	Check if Applicable			Annual Gross (Pre-Tax) Income	Source of Income	
		Head of Household	Co-Head of Household	Full-Tm Student 18 Yrs. or Older			
					\$		
					\$		
					\$		
					\$		
					\$		
<i>Add rows as applicable</i>					\$		
<b>Total Anticipated Annual Household Income:</b>					\$		
CIRCLE the <u>number</u> of household members, including yourself:							
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8+</b>
\$45,000	\$51,400	\$57,850	\$64,250	\$69,400	\$74,550	\$79,700	\$84,850
Is your <b>anticipated</b> total household income <b>LOWER</b> or <b>HIGHER</b> than the \$ amount listed directly below the number of people circled above?						<b>LOWER</b>	<b>HIGHER</b>
If <b>LOWER</b> , attach proof of annual household income (such as latest tax return, quarterly tax, pay stubs, or bank statements).						<input type="checkbox"/>	<input type="checkbox"/>
<b>Ethnicity</b> (select one)			<input type="checkbox"/> <b>Not Hispanic</b>			<input type="checkbox"/> <b>Hispanic</b>	
<b>Race</b> (select one)							
White			<input type="checkbox"/>	Asian			<input type="checkbox"/>
Black or African American			<input type="checkbox"/>	Native Hawaiian or Pacific Islander			<input type="checkbox"/>
American Indian or Alaskan Native			<input type="checkbox"/>	Other or Multi-Racial			<input type="checkbox"/>
Are you a Veteran?				<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	Are you Disabled?	
				<input type="checkbox"/>	<input type="checkbox"/>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>



## Duplication of Benefits Affidavit (“Affidavit”)

I/We, \_\_\_\_\_ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving to help us prevent, prepare for, or respond to the coronavirus by providing us with utility subsistence payments (“Need”) in the amount of \_\_\_\_\_ (“Amount of Assistance or Total Need”) from the City of Fort Bragg (“Organization”) through a program administered by the City of Fort Bragg with funding from the U.S. Department of Housing and Urban Development (the “Program”).
2. The Organization and I/We believe the **Amount of Assistance/Total Need** is \_\_\_\_\_
3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below (“Duplicative Assistance”):

**(a) Source of Funds #1**

<b>Lender/Grant Provider Name</b>		
<b>Purpose</b>		
<b>Amount</b>		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

**(b) Source of Funds #2**

<b>Lender/Grant Provider Name</b>		
<b>Purpose</b>		
<b>Amount</b>		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

**Duplication of Benefits Affidavit ("Affidavit")**

**(c) Source of Funds #3**

<b>Lender/Grant Provider Name</b>	
<b>Purpose</b>	
<b>Amount</b>	
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____

**(d) Source of Funds #4**

<b>Lender/Grant Provider Name</b>	
<b>Purpose</b>	
<b>Amount</b>	
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____

**(e) Source of Funds #5**

<b>Lender/Grant Provider Name</b>	
<b>Purpose</b>	
<b>Amount</b>	
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c) + 3(d) + 3(e)) ) \$\_\_\_\_\_.
5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.
6. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-2 254; 132 Stat. 3442). prohibits federal agencies from providing assistance to any person for "any part of such loss" as to which he has received financial assistance under any other program or from insurance or any other source (such as, FEMA, SBA, the Red Cross, the City, business owner's Insurance, etc.).

**Duplication of Benefits Affidavit (“Affidavit”)**

- 7. I/We understand that the amount of assistance received by I/We from the City of Fort Bragg must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from other sources (such as, FEMA, SBA, the Red Cross, the City homeowner’s insurance, etc.) for the same purpose.
- 8. Therefore, I/We understand that if I/We receive assistance from a source other than City of Fort Bragg (such as, FEMA, SBA, the Red Cross, the City, homeowner’s insurance, etc.) for the Need for the same purpose, I/We must repay the assistance received from City of Fort Bragg.
- 9. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by Me/Us from City of Fort Bragg, payment of fines and/or imprisonment may be required in the event that I/We provide false, incomplete or misleading information in this Affidavit or during the rest of this process. **By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.**

Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_