Community Development Block Grants

CDBG FUNDS

There are three ways in which CDBG may be used to address the need for Zika vector abatement. These are listed below, accompanied by the appropriate citations in brackets for the Entitlement and State CDBG program:

First, grantees may perform the public-service activity of spraying for the abatement of mosquitoes that spread Zika or installing or changing the window screens for privately-owned residential properties in low- and moderate-income areas, as it may be documented that this is performed as a health service to the community. Public-service activities must be either a new service or a quantifiable increase in the level of existing services over the prior 12-month period [24 CFR 570.201(e); 42 USC 5305(a)(8)]. A grantee may demonstrate compliance with the national objective of low- and moderate-income area benefit for this public-service activity. The grantee must define the service area, it must be primarily residential, and at least 51% of the residents of the service area must be low- and moderate-income [24 CFR 570.208(a)(1); 24 CFR 570.483(b)(1)]. It is important to note, however, that each Entitlement grantee is statutorily limited to obligating a maximum of 15% of its funds for public-service activities per year; each State grantee is limited to expending no more than 15% of each year’s grant from HUD for public-service activities.

In this issue, the Office of Community Planning and Development (CPD) offers guidance on the possible uses of its program’s funds to assist to synergize, augment and integrate Puerto Rico’s ZIKA prevention and response efforts.

Note that the potential uses of HUD assistance for Zika vector abatement as described in this issue do not represent definitive determinations that funding for these activities will be permitted through the identified programs. Any proposed use of funds will need to satisfy all applicable requirements, statutory, regulatory, or otherwise, and the permissible use of funds will depend on the specific facts presented by specific scenarios. Additionally, the described potential uses of HUD assistance may be subject to qualification, which may or may not be identified or described in each article.

Please make sure you consult your Field Office before implementing any initiatives to address ZIKA with CPD funds.
Community Development Block Grants
CDBG FUNDS (continued)

Second, grantees may install or upgrade screens, in privately owned residential properties and low-income public housing properties in conjunction with the housing rehabilitation of the building structure in order to abate the spread of Zika [24 CFR 570.202; 42 USC 5305(a)(4)]. It also can improve site and roof drainage. A grantee must demonstrate compliance with the national objective of low- and moderate-income housing activities for this housing-rehabilitation activity by verifying income eligibility prior to receiving the improvement [24 CFR 570.208(a)(3); 24 CFR 570.483(b)(3)].

Third, an Entitlement or State grantee may choose to perform the aforementioned public-service activity (spraying or changing or installing window screens) or housing rehabilitation activities by meeting the urgent-need national objective. This national objective requires the grantee to certify that the activity will “alleviate existing conditions which pose a serious and immediate threat to the health or welfare of a community which are of recent origin or which recently became urgent.” Please be advised that the occurrence of the condition must have taken place within the last 18 months. The grantee must also certify that it is unable to finance the activity on its own and that no other funding sources are available [24 CFR 570.208(c); 24 CFR 570.483(d)]. It is important to note that at least 70% of the grantee expenditures must benefit low- and moderate-income persons and that a grantee must certify to its compliance with this statutory requirement over a period of up to three years [570.200(a)(3); 42 USC 5301(c) and 42 USC 5304(b)]. Grantees are therefore limited to a maximum expenditure cap of 30% for the use of the urgent-need national objective as it does not primarily benefit low- and moderate-income persons.

ESG - Emergency Solutions Grant

ESG funds can be used to:

✓ Install air conditioners and screens in homeless shelters,
✓ Improve site drainage to remove standing water.
✓ Spray around homeless shelters to make the shelter occupants safe.
✓ Educate individuals and families experiencing unsheltered homelessness or residing in emergency shelters on how to protect themselves against the spread of Zika.
✓ Provide protective clothing, insect repellent, and condoms to unsheltered homeless people.
✓ Provide condoms to shelter occupants, if the condoms are provided by licensed medical professionals as preventive medical care and this service is otherwise unavailable within the community.
✓ Transport individuals and families in unsheltered locations or residing in emergency shelters to medical appointments.

Because mosquitoes that spread Zika virus bite mostly during the daytime, it’s also worth noting that operating costs of day-shelters are eligible costs under ESG, as are the costs of transporting unsheltered homeless people to emergency shelters (including day-shelters).
**HOPWA**

Housing Opportunities for Persons with AIDS Program

HOPWA funds may potentially be used in several ways to address the Zika virus, including the eligible uses described below:

1. Operating costs for housing [24 CFR 574.300(b)(8)]. Operating costs include maintenance for housing, which could include installation or replacement of window screens.

2. Supportive services [24 CFR 574.300(b)(7)] Supportive services are defined open-endedly and include health, assessment, and intensive care, among others, which may be relevant. Supportive services could potentially include condoms and insect repellent to prevent infection or spreading of the Zika virus.

3. We caution, however, that with respect to uses categorized as health services, health services are restricted to eligible persons with HIV/AIDS and the use of HOPWA funds is not permitted for health services payments that have been made or can reasonably be expected to be made under a state compensation program, under an insurance policy, under any Federal or State health benefits program, or by an entity that provides health services on a pre-paid basis.

Any other activity proposed by the applicant and approved by HUD (for competitive grants only) [24 CFR 574.300(b)(11)].

We caution that the eligible use of HOPWA funds, including those specifically mentioned above may depend upon the specific activities being carried out and/or the intended beneficiaries of such activities.

**NEW AFFIRMATIVELY**

**FURTHERING FAIR HOUSING RULE – BEGINNING OCTOBER 4, 2016**

The implementation of the AFFH rule is a key component that integrates planning and investment processes to: assist program participants to assess fair housing issues in their jurisdictions and regions; set goals to overcome those fair housing issues; devise strategies and actions for employing federal dollars and other resources to overcome patterns of segregation; and foster inclusive communities free from barriers that restrict access to opportunity based on protected characteristics.

In Puerto Rico there are 5 Municipalities that are scheduled to comply with the new AFH Rule with the submission of the PY 2017 Consolidated Plan: Carolina, Guayama, Guaynabo, Humacao, and Manati.
An effective coordinated entry process is a critical component to any community’s efforts to meet the goals of Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that CoCs establish a Centralized or Coordinated Assessment System. HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present themselves. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

Puerto Rico has two Continuums of Care (CoCs), each with its own coordinated entry or assessment system that covers the CoC’s geography. In this newsletter, you will find the contact information for each system. We encourage you to reach out to the corresponding CoC to learn more about the coordinated entry process and requirements. For more information on coordinated entry, please visit: [https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/](https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/)

For the US Virgin Islands Please contact: Ms. Andrea Shillingford, Executive Director (340) 777-8518
Email: ccusvi@outlook.com
GET READY FOR THE POINT IN TIME COUNT

The Point-in-Time (PiT) is a count of sheltered and unsheltered homeless persons on a single night in January. Continuums of Care must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. The Housing Inventory Count (HIC) is a point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless, categorized by five Program Types: Emergency Shelter; Transitional Housing; Rapid Re-housing; Safe Haven; and Permanent Supportive Housing.

During the last 10 days of January 2017, the CoCs in Puerto Rico (PR) and Virgin Islands (VI) will conduct Point in Time Counts of unsheltered and sheltered homeless. The 2017 HIC and PiT count data will provide critical updates on national and local progress towards preventing and ending homelessness. PiTs require collaboration across several sectors and a large number of trained volunteers to ensure everyone is counted. Contact the CoC for your geographic area for more details to ensure that your area is counted or to volunteer for the PiT.

For more information, please visit: https://www.hudexchange.info/programs/hdx guides/pit-hic/

Important Dates and Events:

**October 17**- U.S. Virgin Islands (VI) CoC Start-up Webinar. Open to all 2015 CoC Recipients and members from the U.S. VI.

**October 25**- 2nd Point in Time Planning Conference call. Open to all CoC and ESG recipients in PR and U.S. VI. Will focus on integrating other stakeholders in the PiT Planning process. Staff from the Region 2 Administration of Children and Families, U.S. Department of Health and Human Services will participate in the meeting.

**October 26**- Puerto Rico (PR) CoC Start-up Training. Open to 2015 CoC recipients from PR.

**January 2017**- During the last 10 days of January 2017 CoCs must conduct the required bi-annual homeless sheltered and unsheltered Point in Time Count.
THE PLANNING PROCESS IN COMMUNITY DEVELOPMENT

On October 4th, 2016, HUD’s Community Planning and Development and the Multifamily Divisions, in coordination with the Puerto Rico Planning Society (SPP) offered a unique seminar focused on the relationship between planning and implementing an effective strategy for community development through the investment of HUD funds. The event highlighted importance of the Consolidated Planning Process in integrating effective programs and activities that maximize the benefits of investment to build strong, resilient and inclusive communities that expand opportunities for community residents.

1. Does your entity minimize the time elapsed between the transfer of HUD funds and the disbursement to the vendor, supplier, contractor or subrecipient? [24 CFR§ 85.2(a)(7), 24 CFR §84.21 (a)(5), 2 CFR §200.305]
   - Test your current system and verify previous voucher requests. Verify the date the funds were received in your bank account and when did you complete the disbursement? Did the vendor, supplier, contractor or subrecipient receive the disbursement in a short period of time (e.g., 3 days from drawdown from the HUD line of credit)?
   - Verify that last month’s bank reconciliation shows bank balance and ledger account in zero balance or has a minimal amount of cash of a recent transaction which you can justify because it will clear shortly.
   - Remember that drawdowns from the HUD line of credit must be limited to the amount needed to pay for allowable and already-incurred costs whose payment is due to an employee, contractor, vendor, or service provider (e.g., meet payroll or invoice received with specific payment due date).

2. Are payments for salaries and wages supported by documented payrolls and personnel activity reports as specified in the applicable cost principles? [OMB Circular A-122, Attachment B, 8(m); OMB Circular A-87, Attachment B, 8(h), 2 CFR §200.430]
   - When your entity charges costs to the HUD grant, are personnel activity reports (i.e., time sheets) or certifications prepared as applicable? (Time sheets must document how many hours an employee worked on each Federal grant for each pay period.)
   - All employees must have activity reports (time sheets) or certifications. You must verify which applies for each employee. (Certifications are for employees who work exclusively on only one Federal grant.)

   - Verify if your system can issue a report that includes the balance of all accounts. The report must include at least:
     - Cash
     - Accounts receivables if any
     - Accounts payables if any
     - Assets - such as land, building, equipment
     - Revenues
     - Expenses
     - Net assets
   - Print ledger reports regularly and reconcile them with the corresponding HUD system (IDIS, LOCCS, etc.).