

## **CDBG Webinar Series**

### **CDBG-CV Best Practices, Public Facilities and Building Improvements**

Andelyn Nesbitt: All right. Thank you so much and welcome everybody to the CDBG-CV Best Practices Webinar Series for Public Facilities and Improvements. To kick it off today, we're honored to be joined by James Hoemann, the director of the Entitlement Communities Division at HUD. I'll pass it off to James for a few words. James?

James Hoemann: Hello. Hope everyone is doing well. I would like to thank you for joining us today for the third in our webinar series on CDBG-CV Best Practices. This year we've chosen to focus on impactful CDBG-CV funded projects in response to the coronavirus.

I want to take this opportunity now to express our appreciation to our panelists today who agree to share their unique strategy for public facilities. The goal of this series is to focus on the implementation of these funds regarding preventing, preparing for, or responding to coronavirus as well as the effects or risk to the overall economic public service infrastructure and housing safety nets, that serve our low and moderate income neighborhoods and communities.

The objective here is to provide a platform for our grantees to learn from each other and to share useful strategies in response to the coronavirus, and that these can be adapted to fit different grantee needs.

We hope that this series and accompanying report will assist our CDBG-CV grantees in identifying and replicating successful implementation practices. As you may know, the office of block grant assistance here at headquarters has put together this series, as well as the one that we had last year at the request of our partners up at the hill.

For this series, we're focusing on four specific areas, economic development, and assistance to business, public services, public facilities, and building improvements that will be covered in today's webinar and interim and affordable housing.

Now, part of our putting together of this webinar series is we're always looking for projects that grantees have put together, some of which may be out of your normal traditional kind of way of looking at using CDBG. On the HUD Exchange, we do have a way that you can put in your project in order to have it shown as a profile on the HUD Exchange page.

Many of these profiles that we use are ones that we often show to either new mayors, new governors, other public officials, as well as those that are new to the program, as a way in which you can use CDBG implemented in your community based on its need.

For today in order to encourage peer to peer learning amongst our CDBG-CV grantees, HUD will have these webinars, this series posted on the HUD Exchange so that they can be viewed and shared widely.

In addition, we'll be preparing a report which we will transmit to our hill partners and they will have the opportunity to review your work as well. That report will be posted. And you may also share that with your staff or with your fellow grantees or those within your community. So for

today, we look forward to this learning opportunity and accompanied discussion. And now I'll turn it back over to our moderator.

Andelyn Nesbitt: All right. Thank you so much, James. And thank you to HUD for hosting this webinar series. My name is Andelyn Nesbitt Rodriguez, and I'm the senior community development specialist with ICF, and I'll be your moderator for today's session.

Before I turn it over to today's panelists, I want to quickly go through the learning objectives and the agenda for today's session. Our learning objectives today include learning unique approaches to identify and solve challenges in the successful implementation of CDBG-CV, public facilities, and develop building improvements in response to COVID-19.

Participants will also gain an understanding of effective, replicable best practice models to implement in their CDBG-CV programs. On our agenda today, we're going to first go through introductions, then the panelists will present their presentations. Lastly, we're going to go through Q&A.

So as the panelists are going through their presentations, any questions that you have, please feel free to put those into the Q&A box. I'll be collecting them and aggregating them and making sure that during the Q&A session, we get to as many questions as possible and get those questions answered for you.

They will not be answered directly throughout the presentations, but they will be answered during the Q&A session that will come at the end. All right, at this time, let's meet our panelists.

We have Althea Holcomb with the City of West Des Moines, Iowa. Althea has worked in the human services arena all of her professional. She's been employed as the director of human services for the City of West Moines for eight years.

Next, we have Maria Bruni from the City of Middletown, New York. Maria has been with the City of Middletown for 27 years, transitioning from an intern to administering the city's annual CDBG allocation, overseeing the department's activities and use of funds. She's responsible for applying for and managing other state, federal, and local grants, as well as economic development.

Next, we have David Bachrach from the City of East Providence, Rhode Island. David started in the community development field in the early 1990s in Taunton Massachusetts, where he was the director of the mayor's office of community development for over 11 years. David currently serves as the Community Development Director for East Providence, Rhode Island.

For the past 15 years, he has been overseeing CDBG programming, Brown Fields among another of -- among a number of other programs. Next, we have Sarah Gulick with the State of Pennsylvania. Sarah is an economic development consultant with the Pennsylvania Department of Community and Economic Development. She's been working with the CDBG program since January of 2018. Prior to that, Sarah worked for the Pennsylvania Department of Transportation for 12 years, focusing mainly on administration and oversight of state rail freight grants.

And next we have Natasha Kukowski from the State of Minnesota. Natasha is employed by the State of Minnesota's Department of Employment and Economic Development, Small Cities Division. As the small cities development program manager, she's been with the Minnesota Department of Employment and Economic Development for six years.

Prior to joining her -- the economic development team, Natasha had 19 years of experience working in the community development program and protective inspection field with the Greater Minnesota region. All right.

We'll get started in just a moment, but before I turn it over to the panelists, we have the first of what will be three poll questions that we're going to be completing during the session today. These poll questions help us and you get to know who's in the room. So for our poll question, number one, what is the size of your CDBG allocation across all rounds?

Moderator: Poll will be closing in 10 seconds.

Andelyn Nesbitt: All right. And thank you guys. It looks like there's a pretty good spread in the room of allocation sizes. Looks like most of the people in here are between \$1 million and \$3 million with their CDBG-CV allocation across all rounds. So very good information and thank you so much. All right. And at this time I'm going to go ahead and pass it off to Althea Holcomb with the City of West Des Moines. Althea?

Althea Holcomb: Thanks so much for the invitation to be here. I'm honored to share our project that as I think back about, seems to kind of organically have grown into significance for us. Next slide, please.

West Des Moines Human Services is a department of the City of West Des Moines which is a suburb of the state's capital. Our population has been growing and according to the most recent census, it's currently just under about 69,000 people.

Human Services provides a plethora of services from emergency financial assistance, to clothing, closet, and food pantry. I'm here to talk to you about the efforts we made to make sure our food insecure clients received food after we closed our building due to the pandemic in March of 2020.

We received \$192,295,000 in the first round of CDBG-CV funding which we have completely spent. As you can see, we received other funding as well. We were under the impression that we needed to use CDBG-CV funds to help our clients affected by COVID with rents, mortgages, and utilities.

Next slide, please. At the onset of the pandemic, we began offering food through our food pantry outdoors. Our guidelines allowed us to offer a three day supply of shelf stable food to our clients each month. We were prepackaging food according to the size of the family, putting it in grocery carts and trying to maintain social distancing.

We were basically shoving these grocery carts out at our clients outside, who would then receive them, empty the carts and shove them right back at us. This was obviously a deviation from our normal procedures where a household would come into the pantry and choose what their families would eat.

We have a really diverse population and many don't eat canned foods so receiving preselected food was an issue for them. At the same time, we were doing food rescue. We worked with two different local grocery stores and two fresh markets. On Wednesdays and Fridays, we go to their locations and pick up prepared food that you typically would find in the refrigeration cases at the grocery store.

Items we receive are things like Take 'N' Bake pizzas, prepared, fresh vegetables and fruits, and ready to eat, heat, and serve items. The caveat to these things we pick up are, they're all close to their expiration dates. So according to the food inspector, we have five days from their expiration date to when they would need to be thrown out.

There are a lot more days in a month than three which is why we began our anytime food program. We set up tables outside and began providing donated bread and food. We rescued each morning beginning at 8:30. This allowed those who were food insecure to pick up food Monday through Friday, rather than only a three day supply once a month.

This is a dramatic increase of the amount of food available to households in need. I'll also mention that we had -- we were open every day, Monday through Friday, rains, sleet, snow, or hail so the U.S. Postal Service has nothing on us. And the last -- the time I hated the most being outside was when it was minus 14 degrees.

Next slide, please. The additional food needed refrigeration to preserve it. Remember, we thought we could only use COVID CV funds for rent and utilities, but we threw caution aside and asked our HUD field rep if buying refrigeration was an eligible expense, and we were thrilled to find out that it was.

We purchased a large capacity, three-door refrigerator and three-door freezer. Prior to purchasing these items, we were receiving more food than we had capacity to store. When we got the refrigerator and freezer, we now had the ability to preserve it. We were also receiving other donations of food.

For example, we received 156 frozen pork loins from a pork producer. We were able to keep all of them frozen until they got into the hands of clients. This program started out slow with only a few people coming, but now we have a line of people waiting for us to open each day. We spread the word through our clients who were actively using our anytime food program, posts on Facebook and emails to our list of contacts.

Because we were situated outside, people from the community who wanted to help, saw firsthand what we were doing and began donating additional food. Others saw our Facebook posts. Donations of fresh produce from a variety of sources came in and now our food insecure clients were less worried about securing their next meal.

Next slide, please. Our partners have always been a partner with Des Moines Area Religious Council. They've supplied our shelf stable food for us for as long as I can remember. But with the pandemic, they too were receiving more donations and because we had expanded capacity, we were first on their list to receive more items, requiring refrigeration.

The food bank shares the food they receive with food pantries across the state. We're now able to receive more eggs, cheese, and milk as well as other refrigerated and frozen items. Loffredo Fresh Foods developed a program called Farm-to-Table so every two weeks we were getting food boxes containing such things as lettuce and tomatoes, potatoes, and onions, and other fresh fruits and vegetables for our clients.

Individuals who were gardeners would drop extra vegetables from their gardens to us. And of course our food rescue partners definitely added a wide variety of food to what we had to offer. I also want to mention that we -- the guy who picks up our food rescue doesn't know a stranger, and he made fast friends with the warehouse managers in the grocery stores, so we have ended up getting pallets of food that they simply want gone from their stores.

Next slide, please. As we've all experienced, COVID presented many challenges. We had people staying home from work to care for their children, or who were just too afraid to go to -- of getting sick to go to work. And this led to an increase of people who were looking at a definite decline in their income which meant less money for food.

We also wanted to avoid getting sick so we closed our doors to walk-ins. This has been a standard operating procedure for people to access our services. So this is when we started pre-packaging food for our food pantry clients. The influx of food donations worried us a lot because we were adamant about not wasting food that could be of use to our clients.

We had no idea about how long we would be on the receiving end of the increase of donations, but we certainly wanted to make the best use of them. And as mentioned before, we had no idea that this program was an eligible expense.

Next slide. I mentioned that we didn't know how long the influx of donated food would last, but the amount of food we rescued in our last fiscal year was 31 tons of food. We're on track to beat that amount this fiscal year. And this amount of food went into tummies instead of the landfill.

We really didn't know what to expect for numbers of people who would serve -- we had served either. To get -- today, we normally see about 50 people accessing our anytime food offering between 8:30 and 9:15, which is the amount of time we have someone staffing the project each day.

That food remains after that time and it generally isn't a whole lot. And from our observation, there is typically another 15 to 20 others who come and take what's left. The project provided food every day which was a welcome addition to the limited three day supply of food we're able to provide through our regular food pantry.

Because we were outside, we limited the transmission of COVID. We reinforced the information about wearing a mask and social distancing. If you look in the background of this picture, you'll see our people took this to heart and wore masks and maintained adequate space between each other.

We also provided masks for people who needed them. Also our staff and volunteers avoided getting COVID which allowed us to continue to offer our services. And this is our last slide, everyone. Next, please. I highly recommend working with your HUD field rep to see what you want to do to make sure it's an ineligible activity.

When in doubt, I really say, check it out. We've had a great experience working through the questions that have come up in our delivery of services. We know we can't predict the future so we work with the best information we have at the time and make decisions based on that information.

This is a program we will continue for the foreseeable future because it's a blessing to those we serve. It also allows the people who would prefer not to be listed in our database, the ability to get the food they need. Another plus is the relationships we've developed with other community members who want to be a part of helping.

It's amazing how much we learn about the lives of the people we're serving outside. The relationships we've built has provided a segue for us to offer other services that could benefit these folks.

Finally, we put ourselves in a great position to accept donations that had we not had the capacity, we would've had to turn away. So the fact that we acted as quickly as we did, made a whole lot of difference in our ability to provide the variety and amount of food we've been able to offer. And for those who stand in line every morning, it has offered them a little more security about where their next meal is coming from. That's my story. Thanks for listening.

Andelyn Nesbitt: Thank you so, so much Althea. Great job. Next, I'm going to turn it over to Maria Bruni from the City of Middletown, New York. Maria?

Maria Bruni: Hello everyone. It's a great honor to be able to present today this project that the City of Middletown took on to assist the homeless population with shelter for overnight and working with a great partner, the Greater Middletown Interfaith Council.

We're a population of 30,000 plus. We grew 8 percent in our census this year in 2020. We're one of the largest city in Orange County. There's three cities in Orange County, New York and we're one of the largest. And our tieback to all the COVID to -- the response of COVID was operating a safe overnight and to accommodate folks experiencing homelessness and to provide a safe place.

So we accommodated them with a city owned property and were able to respond pretty quickly. We received two rounds of COVID funds, round one, \$290, 206 and around three, \$250,534. To date we've spent about 44 percent of our funds and our annual allocations of \$475,000.

Next slide, please. Like I mentioned before, the project included the rehab of vacant city owned property to convert it into a seasonal warming station. The warming station is a short term emergency shelter for -- that protects homeless persons when weather becomes dangerously inclement and cold.

The new warming station as we are now calling it, the new location, is large enough to social distance and we've made some numerous upgrades to supply safety measures against COVID. Next slide, please. Our project partners, the Greater Middletown Interfaith Council is the partner that is running the -- is going to be running the warming station.

They've been doing this job for -- since 2008. As you can see in the picture, this was our original location in the basement of the St. Paul Church here in Middletown. As you can see the crowded condition originally. Other partners were the Orange County Social Services recap, and our emergency housing group.

Next slide, please. So the city already under control had a vacant property. The mayor and city officials had ongoing communication with the Greater Middletown Interfaith Council regarding their needs because when COVID hit in March of 2020, they were at wrapping up their season.

So as time -- the months went on, obviously COVID began to spike and they were already starting to fear for next year in 2021. That's where in later 2020, early '21. So that's where they found the temporary location. It was a basement of our local temple.

So we knew we had to move pretty quickly and so we already had control of a property. We had an existing rehab program through our CDBG program and our community development office so we knew we could get with our partner and figure out how to make this work for this season.

Next slide, please. So we did numerous outreach also the city -- our city mayor coordinated daily COVID meetings, just to keep on track on what was going on in the community. And then we finally partnered up and had a lease drawn up for the Greater Middletown Interfaith Council to occupy this location that the city owned.

You can see the picture it's -- this used to be our former senior center, and now it's going to become home of the Greater Middletown Interfaith Council warming station for a period of six months a year.

Next slide, please. The challenges we faced, the existing warming station, like I showed you was not COVID safe. The temporary warming station was only available for short term. And then as we began to put our project together, we had to do rehab of the facility to make it work.

We had some supply change shortage that caused delay in building materials and the project timeline. And then also we had some difficulty getting costs reasonable for contractor bids. Next slide, please. This -- the project impact is going to safely house 30 persons for overnight accommodations during the cold winter months, as well as access to variety of social services and a hot meal.



As you can see in the pictures, this is the inside of the home that I showed you. We did a large area that the cuts and -- are going to be laid out. Also, we purchased divider privacy panels that will be easily cleaned for COVID. And the 30 persons will be nicely spaced and have protection in between them.

Next, please. Best practices, maintain open communication between organizations and community, and that's what our city, our mayor and our leadership has been able to do through the years and especially more so with COVID, keep on track with all our organization and see what their needs are.

Utilize connections in the community via social media, word of mouth, and then employ program structure that we had here in our CDBG program for procurement, construction, and record keeping and compliance. We phased the construction to keep project costs down and to assist with oversight and to keep that minimal.

So by phasing the construction on the property and on the facility, we were able to keep our costs down. For instance, our first bid that went out for the total project was over \$800,000. So we sat back down with the team and we looked at, how can we do this? We had to get it ready for November of this year and we started this project -- it was late winter, early spring of this year, so we phased it out.

We phased out the interior, the exterior, and it all came together and our costs significantly came down. I believe total project is going to be about half of what the initial bid was. And again, we worked with the different trades and construction companies out there to make this work. And stick to our time timelines and we were able to do that with the phasing and to work with our trades.

Next. And well, that's the end of my presentation. Like, you know, this is a great program. There's a lot of volunteers out there that are going to be working starting November 21st. The facility is opening on time, November 21st, and it's going to house overnight accommodations for 30 homeless folks in our community.

And again, the -- we couldn't do it without having the Greater Middletown Interfaith Council and their volunteers and we're looking forward to a safe transition for them. And this is -- to making this pretty much their permanent location from here on out. Thank you.

Andelyn Nesbitt: Wonderful. Thank you so much, Maria. You did a great job. Thank you. All right. And here we are for poll question number two. Does your community currently or do you plan to use CDBG-CV funds for one or more public facilities and improvement projects?

Moderator: The poll will be closing in 10 seconds.

Andelyn Nesbitt: All right. Very good. Looks like it's not too far ahead, but yes, is the overall answer. Yes, we do or yes, we do plan to, so very good to know. Thank you all so much. And now I'll turn it over to David Bachrach with East Providence, Rhode Island. David?

David Bachrach: Thank you. Thank you for the invitation. I'm excited to be here and tell you a little bit about our project here in East Providence. So the City of East Providence located right across the Providence River from the capital of Rhode Island, and it's bordered on two sides by water and one side by the State of Massachusetts.

Our population is under 50,000 and our projects tieback to COVID was in response to the uptick in mental health issues that our citizens were having due to the isolation and the fallout of COVID-19. A total CV allocation in one and two rounds was about \$780,000 of which we've expended about 40 percent to date and our annual allocations roughly about \$750,000.

So the project that we undertook was to convert a city owned building which is actually an old home into a home known as the Sweetland House into an outpatient medical and behavioral health clinic. Now, this property essentially located in the city, it's on the bus route and it's on also the Senior Center campus which is to one side of it.

And right across the street is the East Providence High School. We'll be -- that the initial services that this project will provide is of course COVID tests, medical care, vaccines. We also provide mental health counseling from those suffering from COVID and COVID related issues.

So short term services would be those directly related to COVID, but as COVID, hopefully we see since the background for all of us, its long term benefits to continue to serve East Providence low to moderate income households. I feel well positioned for the community.

Among other things, I think one of the significant things is going to act as the school-based health clinic with the East Providence High School. And this sets up the collaborative relationship with the high school so the nurses and counselors can easily refer high school students to this clinic, the clinic's right across the street.

It can be accessed discretely and the documented, improved health outcomes having this type of relationship with the high school as you'll see in these circles, reduction of alcohol and substance misuse, all the way to actually improving the safety of children and families.

So it's a lot of moving parts to this project to make this happen and the local school district, of course, was instrumental in the collaboration is having this outpatient clinic be the school-based clinic.

The nonprofit East Bay Community Action Program, who runs a mental health clinic in the southern portion of Rhode Island was the obvious partner to bring in to, one, this health clinic. They have a lot of experience with this. Certainly, the mayor was a significant part. Well, we needed his commitment to basically repurpose what was being used to city building to this outpatient clinic.

Now, there was benefits that he saw to this, not only did it provide a long term investment of health clinic in the central part of East Providence, but the city had never been able to afford the proper [inaudible] of the building.

It was in dire need of repair; the paint was peeling in the outside and so forth. So using COVID funds to refurbish and bring this building back to being well maintained was a significant advantage. To do this, of course, I needed a lot of help through the building and engineering departments and we hired and engaged Commonwealth engineers to evaluate the structural integrity of the home and to provide engineering plans to address some of the issues that it had.

Northeast's Collaborative Architects were the ones that provided this flow plan that you see here in this slide and the critical experience of repurposing and doing plans for outpatient clinics, it's extremely critical because these plans have to -- the final product has to meet stringent guidelines set by Rhode Island Board of Health.

And they're the ones that are going to be issuing the license for this to operate as an outpatient health clinic. So the challenges that we were faced was, of course, the increase in mental health issues related to COVID, senior citizens and high school students had limited access to mental health services, and it helped boost up community based COVID testing and vaccination and medical care.

The two pictures you see in this slide, one is a pedestrian overpass to the roadway from the high school [inaudible] landing to one side of this clinic. I'm literally taking this picture with my back against the clinic. And the other picture is at the senior center which is on the other side of this clinic.

So these two subpopulations certainly have very good access to the services of the clinic, as well as the entire city being centrally located. So we expect once the doors open to serve over 1,000 people a year and over 5,000 for the [inaudible] thereafter. The similar health clinic run with a similar demography last year served over 8,000 patients, and of these over 75 percent were documented slow [inaudible].

So there was one particular story of a household struggle with mental health that caught my attention and I'm calling it Amelia's story. Amelia was a five-year-old little girl living with a single mother in 2020 when her mother passed away. Her grandmother took her over to Calhoun and took her in, but it was soon after that COVID, the grandmother lost her job due to COVID impact on where she worked.

And this unfortunately caused the grandmother to become extremely depressed and anxious. She became withdrawn and Amelia didn't have the same type of support and access to her grandmother. And in turn, it affected Amelia who increasingly behaved in an exhibited signs of an anxiety disorder.

Luckily, a local nonprofit became aware of their mental struggles and referred them to a mental health provider and they were provided with counseling and therapy methods for coping with the stress and the situation.

And I'm extremely glad and happy to report that now, Amelia is a happy, now, six-year-old, little girl living with a fully employed grandmother who is also no longer depressed about her situation.

So some of the things I learned as we transverse this project was, you know, I felt a bit behind the eight ball of getting the project out; time had already gone by. And so being able to take care of administrative tasks simultaneously made a lot of sense, such as environmental reviews and citizen participation and so forth that have timings to them.

I needed to map out the critical action steps and prioritize them thought it seemed to be a lot of moving parts involved that we had to get right and in the right order. I was pretty confident by the information from both the nonprofits and we did a community survey that had mental health at the top of the list.

Also the National CDC publishes the -- a mobility and mortality weekly report and the June report showed the representatives of survey of adults up to the age of 18 across the U.S. And over 40 percent of those that responded to this survey, reported at least one adverse mental or behavioral health condition.

Those were typically anxiety, depression, trauma, and stress, and increase in substance misuse to cope with the stress and emotions that was being caused by COVID. So I was confident that both locally and nationally, this was a somewhat unmet need. The other thing why I felt this is, at the beginning of COVID, the state local agencies quickly mobilized and asked it be to target things like food insecurity, housing, employment, and businesses, mortgage and rents.

But I really wasn't seen anything about mental health provision. It seemed like this wasn't as open and out there being seen as much as these other needs. And that's why this rose to the top of our list and why we committed to this project which I think we will be extremely excited about when it opens and proud of when our citizens are able to use its services. Thank you so much.

Andelyn Nesbitt: All right. Thank you, David. Wonderful presentation and very moving story so thank you. All right. And now, we're at our third and final poll question of the day. What CDBG-CV public facilities and improvements investments could support your community's efforts to prevent, prepare for, and respond to coronavirus moving forward? Please select all that apply.

Moderator: The poll will be closing in 10 seconds.

Andelyn Nesbitt: And thank you, guys. This is interesting, really good information. It looked like from the time the poll started the whole time, new or expanded facilities to serve vulnerable populations i.e. homeless shelters, food pantries was in the lead.

A few others that were right there with it were broadband infrastructure, newer expanded childcare facilities and improvements to foster social distancing and sanitation in public facilities and spaces.

So great information, thank you all again. And at this time, we're going to turn it over to Sarah Gulick with the State of Pennsylvania. Sarah?

Sarah Gulick: Thank you, Andelyn. Good afternoon everyone and thank you so much for having me. Just to start off, in Pennsylvania, we received a little over \$96 million in CDBG-CV funds between our three tranches.

Our CV1 allocation has already been allocated out to our state entitlement communities and they are busy spending their money. And then the second and third tranches, we have combined together into a competitive program focusing on some of the key areas that we still think need assistance from these CV funds.

And with that competitive program, we've put aside \$25 million toward broadband expansion and are accepting applications through November 12th. Today, I'm going to focus a little bit on our Fayette County project that we have. You can see on the slide, the little red county on the state map, that's Fayette County.

It's in our Southwestern part of the state right along West Virginia and Maryland border. One important thing to note about Fayette County, it is the only rural county in Pennsylvania that is overall LMI. They have a 53.5 percent LMI population there.

So March 2020, all of our schools start shutting down and non-life sustaining businesses are closing and their employees are moving towards telework. And even the healthcare facilities are trying to get as many patients to do telemedicine as opposed to bringing them in to keep them safe.

So when the federal government announced that these CARES Act funds were going to be available, the redevelopment authority for Fayette County started to do outreach to all of its communities. They did this through phone calls and emails and public notices, just so they could get an idea of what the critical needs were of their residents and their businesses.

And what came out was that overwhelmingly everybody wanted broadband service. They needed that and also for the service to be reliable. So Fayette County is going to be investing about \$1.8 million. This is a combination of their entitlement funds from the first tranche and then a competitive grant that we also provided them through our CV1 tranche.

And what they're going to use this money for is in some cases, they're going to be extending their tranche lines to get to some of the more rural areas, but the majority of it is going to go to create hotspots.

And what they're going to do is they will place these hotspots at public buildings such as libraries, community centers even some schools, and people will be able to come to those places and connect to that free Wi-Fi.

We're estimating that about 63,000 residents will be able to now have access to these hotspots. And it is currently out for bid and we are hopeful that by November, we'll have all the bids in

and the county commissioners will be able to review that and award this project to a contractor to get started.

So on this slide, you're going to see all those yellow circles on the map. Those are locations for some of the potential hotspots. Like I said, they could be libraries, community centers, schools. But each of those hotspots will be able to provide free, wireless access within a 1,000 linear foot radius from where it's located.

And there'll be requirements that it has to have a minimum of one gigabyte upload and one gigabyte download capacity. And like I said, residents will be able to drive there. They can either sit in the parking lots or if the buildings are open, they can go in, access the free Internet to do schoolwork, conduct business, even have telemedicine appointments.

One thing you'll notice is that there appears to be this clear dividing line of the county. All of the hotspot locations are on the western side. Another part of CARES Act funding to already expand broadband service on the eastern side of the county.

And they chose to do it over there because it's more mountainous area so it's harder to get Internet access that lines to -- directly to residential facilities. Also, there's a lot of tourism on this side. We have places such as Ohiopyle State Park, and Frank Lloyd Wright's Fallingwater is located over there.

Like with most of the other presenters today, we had challenges with this project as well. The first one was a big one; Pennsylvania and Fayette County, neither one of us had ever done a broadband project using CDBG funding. Being able to tie it back to COVID was no problem. That was a no brainer right there.

But we needed to make sure that whatever we did was not going to put an undue hardship onto the LMI residents. It's something that would be accessible to everybody and, of course, the big thing was to make sure that at the end of the day, this project was eligible under the CDBG parameters.

Fayette County had come to us toward the beginning of the project to see if it would be possible to advertise and bid this project as a design build contract where it would condense the timeline for project implementation because they would just bid at one time, have the same firm design it and build it, as opposed to more conventional way where we advertise for, affirm, they come in, they design it.

Once we have the design, then we put it out again for bid to get a contractor to actually build it. You know, this works great for highway and bridge projects, but we weren't sure how it fit into the CDBG realm. So we did some outreach to other states, didn't get a lot of feedback. I think, because it's one of those gray areas that we're not all too sure about.

And in the end, we decided to be cautious and not allow this, that way we would have more time to do research on the design build procurement and especially make sure that it offered the competition that we're required to have for procurement of CDBG contracts.

Also, you know, identifying locations of those hotspots; for the project they did on the eastern side with non CDBG funds, they could put these where ever they need to put them. For instance, they have some located at local churches. So those churches have been able to connect to the service, to the Wi-Fi and livestream those services.

We need to be a little careful where we put them because we want to make sure that we still have that division of that separation of church and state with the hotspots that we are funding with CDBG funds.

But with the challenges faced, we also have started to get some best practices. Still early in the project so hopefully in the next couple of months we will have a much longer list than this. But one of the good thing is -- things is that we had that project already done on the eastern side of the state so -- our eastern side of the county.

So we had a model to follow. The project estimate when it first came in was over the amount of what we were able to provide to Fayette County in their CDBG allocation. So now what they're doing is they're looking at possibly leveraging some ARPA funds to ensure that we have hotspots in all the locations that we need it, and potentially even starting to add additional Internet lines directly to residents as well.

The hotspots that are on the eastern side, they'd been up and running for over six months and the reaction has been overwhelmingly positive for Fayette County. There's actually a teacher who said she was so excited about this because where she lives, her Internet service is really unreliable.

So when there were times when the schools were closed and they were doing remote learning, she was able to go to one of these sites and connect to the Internet and know that she would be able to teach her classes and not have to worry about the Internet dropping in the middle of the lesson, or whether she'd even be able to get on at all to teach her kids.

So we're just -- we're really excited to see what happens with the CDBG funds and hopefully we will have more stories like that when our project is finished. Thank you.

Andelyn Nesbitt: Awesome. Thank you so much, Sarah. Next, last, but certainly not least. We have Natasha Kukowski with the State of Minnesota. Natasha?

Natasha Kukowski: Thank you, Andelyn. Good afternoon, everyone and a big hello from the State of Minnesota. I would like to thank the host for inviting the State of Minnesota, Department of Employment and Economic Development to be part of this series. This is exciting, but it's to share stories.

So the population of Minnesota, well we have about roughly 5.71 million, and I just want to throw in in here that our famous nickname is the land of the 10,000 lakes. So back to COVID, our prepare, prevent, and respond to COVID tieback for public improvements is to respond to the increasing coronavirus needs for teleworking, telelearning and telemedicine.

So through the CARES Act, the State of Minnesota received all three rounds for a total of a little over 37.6 million. And our 2021 CDBG allocation was a little over 19.5 million. Next slide, please. So a little background on the State of Minnesota's Department of Employment and Economic Development, small cities development program, that's a long one.

But this program helps develop viable communities by providing assistance for safe and affordable housing, economic development and public facility. So we use CDBG funds to assist non-entitlements. Units of local, unit government on a competitive basis. Our eligible applicants include cities and counties, cities under the population of 50,000 and counties and townships with populations of less than 200,000.

So this is the first time through the CARES Act that the small cities development program has received funding for entitlement communities as well. So it was kind of exciting. Next slide, please. So when we first received the CDBG allocation, we did a lot of outreach and planning on how to effectively administer these funds.

HUD's quick guide was very helpful, but we wanted to reach out to our communities to determine what is the actual need in Minnesota. So our first step was to do some community outreach.

So we reached out to the leaders, the cities, counties, partnering agencies, CDBG administrative agencies, whoever we could think of for feedback. We also prepared ourselves to think outside our comfort zone and be receptive to new ideas. This is something so new to us. We normally work on housing rehab, commercial rehab, public facility projects, so this is going out of our expertise and we wanted to be prepared to provide the best possible service.

So while we were gathering feedback, we were also doing a lot of research on rules and regs for the CDBG-CV program. We were checking out all the information that was in the HUD Exchange, duplication of benefit, LMA, LMI, urgent need you name it. We were studying hard.

Once the feedback came in, we started to formulate a plan to assist communities, keeping in mind that these smaller communities capacity and our own capacity so that we don't increase administrative burden that would jeopardize the program or have programs with unrealistic goals.

Next slide, please. So broadband; there has always been a huge need for broadband in the state, especially in the rural areas. With COVID it just exasperated the whole need, pushed it to a whole new level which again, ties back really nicely with prevent, prepare, and respond to COVID with the increased need for teleworking, telelearning, and telemedicine.

So based on the feedback, we created applications for broadband improvement, public services, retrofitting buildings, and commercial rehab. We had initially planned a proposed allocation for broadband of around \$25.4 million, but we received applications for a little over \$34.9 million.



And the applications were for assisting in fiber installation and upgrades to the upload and download speeds. So this is again, very critical due to COVID, with a lot of people working from home, online learning and telemedicine. So if you look at the map, you can see some red dots. Those dots are broadband improvement projects and we have an obligation awarded actually \$32.4 million.

Next slide, please. So best practices. I would say creating strategies, reaching out to other experts in the field is critical. And we, at the state, we are very fortunate to have the office of broadband within the department of employment and economic development. So we were able to tap information and learn from our partner.

The office of broadband does not implement the program, but is a good resource for us so we could understand the ins and outs of broadband. Again, this is something new we were learning and it was really nice to be able to just talk to our coworkers. We also reached out to the communities, the cities, partnering agencies, local leadership to brainstorm on the needs.

It's important to say that we also stopped and paused rather than jumping headfirst into, without a good plan. We wanted to make a connection with the communities and to make sure that we were addressing the existing needs.

We also looked at our own capacity and our ability to handle all these new programs and we focused on big ticket items. The changing landscape was another important factor, knowing when to pivot away from a planned activity that was decreasing in need or we didn't have enough applications for that and sometimes there was a lot of other fundings coming in so we could -- we had to pivot.

Communication, very important. Conversations do not end after the awards. We encourage communication, conversations that will build a strong relationship, not only for this COVID program CV program, but also to promote future CDBG programs. Our approach to CDBG-CV and specifically due to the timeframe constraints of the funding, we provide one-on-one technical assistance to grantees and administrative agencies.

This way, the grantees can have our undivided attention and we can work with them one-on-one on the issues they face promptly. And my last point that we learned was awareness. Always being on the alert for new development. Always checking the HUD Exchange for guides, and Q&A's, or even looking at other states' and cities' websites.

It may not be the same activity, but there's always something that we can use or add to our toolbox for the future. And that's about it from Minnesota.

Andelyn Nesbitt: Thank you so much, Natasha. Wonderful job and great job to all of you, you guys. Lots of good information was shared today. Let's get into some Q&A. We had some really good questions come into our Q&A box.

And so we're just going to dive right in with our presenters, if you don't mind, come on back. All right. And some general -- we had a lot of questions that came in about national objectives. So

I'm going to ask this of all of you. What national objectives did you use for your project and if it was an objective that required documentation, how did you document eligibility -- project eligibility or beneficiary eligibility?

Althea Holcomb: I'll start first because that question came up immediately with my presentation. We use the LMC for the objective and basically, we use data from our food pantry database because typically many of the people who used our anytime food line were also people who used our food pantry. So that's how we could verify income.

David Bachrach: We are going to use LMI as well, a nonprofit East Bay community action program is familiar in documenting income of all of the clients. And given to typically we'll use a health clinic like this and outpatient clinic will confident that we will be way over the 51 percent low to mod.

Andelyn Nesbitt: Very good.

Maria Bruni: We're going to use a low mod clientele, homeless population and obviously the volunteer organization DMIC maintains all that data for us and so forth. So LMC is our national objective.

Andelyn Nesbitt: For the warming shelter, definitely that makes sense.

Maria Bruni: For the warming, yeah.

Andelyn Nesbitt: Yeah. It makes perfect sense.

Sarah Gulick: So for the hotspots, we used LMA and took the combination of the ACS data for the -- all the municipalities that are going to be served by this.

Andelyn Nesbitt: Great. Thank you. All right. I'm going to go on mail too. How have these projects, establish and verify client eligibility beyond income? Like did you collect information on the loss due to COVID from the beneficiaries? Was that assumed or was that documented? And if we can maybe round robin, and again, I'll just kind of call in the order that you went. Althea, do you know if you documented the tieback back to --

Althea Holcomb: We did not document. Our desire was anyone who needed food could get it so we made no documentation.

Andelyn Nesbitt: Absolutely. Maria?

Maria Bruni: Well, they were a need to -- for a location.

Andelyn Nesbitt: Right. For a warming station.

Maria Bruni: For -- and to be COVID safe for socially distance enough and they needed a location.

Andelyn Nesbitt: Absolutely. David?

David Bachrach: Well, our community survey documented the need is a highest priority within the survey. And also, we have testimonials from the public service providers and, of course, the national data and the Rhode Island Department of Health.

Andelyn Nesbitt: Okay. And Sarah and Natasha, I'm going to kind of put you guys together with your broadband projects. Did you do anything to document the need or was that understood?

Sarah Gulick: There's no specific documentation but when Fayette county put in their application, we asked for a needs assessment related to COVID and that they included that in their needs assessment to us.

Andelyn Nesbitt: Perfect.

Natasha Kukowski: Yep. And I would like to echo to that. We also looked at their census data and we looked at their LMI mapping as well to see if there's a need. And there is another mapping system that we use that shows whether the area was underserved, served, or not served at all.

It played a part in our ranking, but it didn't take them away if they were served, if the area was served, they -- it didn't take away from them being able to apply for the application because they may be served, but there's pockets and there's areas where if you have everyone in the household on the Internet, if you have two kids and they're in school, and you have a parent, and then you have a grandma who's watching TV, it just -- it'll get dropped.

So we looked at all those scenarios and we also made sure that the applicants in our case, grantees now, that they need to document and have information for us to show several things. Well, how did they qualify?

Keep those documentation in there for monitoring purposes and also just duplication of benefit is another thing just in case there was any other programs out there. So we had to make sure that they understood that. So that's why there's always this communication going to info.

Andelyn Nesbitt: Yes. Absolutely. Thank you guys so much. I'm going to go now to individual questions that came across during the presentations and I'll start with one for West Des Moines, specific to West Des Moines. Is the food bank owned by the city, if not, did the city procure the cooler freezer themselves, or did the food bank? What procurement process did you use?

Althea Holcomb: The food pantry is part of the department of the city of West Des Moines. So Human Services Department is operated by the city. So in fact it is owned and operated by the city. We have procurement process here in West Des Moines that we have to reach out to three -- at least three different sources for anything that we purchased over \$5,000.

And there is limited number of people who sell commercial refrigerations. So that's how we did that. And we did our three -- we did a -- did get three quotes and used the best one.

Andelyn Nesbitt: Perfect. Thank you so much. Now, I'm going to go on to one question from Middletown. Can you tell us a little bit more about the supply chain shortage that you've experienced and how that affected your project?

Maria Bruni: Well, we -- even though we had to move quickly because DMIC needed a permanent home, we had the summer months on our side. So we started the vetting process like in February after we got the first bid in January that was above our budget. So that's where we decided to, well, we know these things are happening out there so let's segment and phase out the project.

Let's start with, let's say general construction, flooring, painting, you know, and that sorts and we put that out to bid and we received good numbers and good contractors. And then came, we knew like the facility had to be outfitted with all brand new doors, with emergency exits and all that.

Those were on back order for quite a while and we knew that was happening, but that -- we had the summer months and they came in on time during the summer and were installed. And the final phase exterior which we're just about completed roofing gutters and sidewalk paving and that sorts, we knew that we weren't going to have a difficult time with. It was the in between like the doors, the windows that's what was out there and we made sure we put those out to bid early on so we could complete the project.

Andelyn Nesbitt: Perfect. Thank you. I know that this was an issue for a lot of folks. Did any other panelists have issues with supply chain shortages and getting high bids because of materials or because of contractor bids [inaudible]?

No. Okay. All right, then. Thank you so much. Let's move on now to a question for East Providence, Rhode Island. What funds will be used to pay for the counselors services? Will they be free for people or will they require medical plans?

David Bachrach: It will be a combination for those that don't have medical and can't pay for it, it will be free. And otherwise there will be insurance involved and East Bay Community Action is leveraging money from a foundation to also help offset the costs. So all of those things will be brought to bear.

Andelyn Nesbitt: Wonderful. Thank you so much. All right. A question for the State of Pennsylvania. This is actually a two-part question. Can you explain the connection between broadband access and CV? I think that you did already, but if you could expound on that a little bit.

Sarah Gulick: Sure. So when our governor decided to close schools and closed all the non-life sustaining businesses and we had to transition to a virtual learning and telework, Fayette county

is a very rural area. There are some homes that are farther apart, so they either don't have access to Internet or what they do have is very spotty.

So there were issues with residents being able to telework and with the kids being able to do the virtual learning. So by creating these hotspots, should we have another pandemic or have to close because of anything else with COVID, everybody should be able to go and at least the kids can download their schoolwork that they need to do, go home and do that and then they could come back and reconnect and send it to their teachers.

Andelyn Nesbitt: Absolutely. And the second part of this question, it sounds like you used CDBG funds to pay for the installation of the hotspots. If that's correct, who pays for the ongoing cost of the broadband service?

Sarah Gulick: Yes. So the CDBG-CV funds are only to pay for the hotspots. Last I knew, Fayette County was going to be working individually with each of the site locations to determine how general maintenance and upkeep was going to happen and who was going to be the responsible party for those.

Andelyn Nesbitt: All right. Wonderful. Still working through that.

Sarah Gulick: Yes.

Andelyn Nesbitt: Perfect. All right. And a question now for Natasha with Minnesota. What outreach techniques did you use to determine the needs of the communities for your project?

Natasha Kukowski: Sure. We reached out -- we did a communication blast, so to speak. So we have -- in the State of Minnesota, we have a listing of all counties, mayors, leaders, communities, cities. And we also have those who are interested in learning about the programs that we have in the State of Minnesota so we have a huge list.

So when we did our reach out, we did a communication blast to all this context, distribution list. So it reached out for the whole State of Minnesota. And then on top of that, we run the small cities development program so each rep we have a small cities representative so we have regions in the State of Minnesota, so we did outreach there as well, reaching out to whoever we could get information from.

Because we wanted a -- know what the need was. Before we opened up too many programs, we had to kind of realize that we are a small team and this -- so we couldn't open up gazillion programs because all these programs would need applications.

They would need policies and procedures. They would need ranking and scoring. So we wanted to narrow it down so that we wouldn't be spending all this time creating all these different programs, applications that wasn't a huge need.

Andelyn Nesbitt: Right. Very, very interesting. And to that -- to speak to that, you mentioned providing TA to grantees. Did you do that through the small cities program and those liaisons that you had out there or did you hire additional staff at all for that?

Natasha Kukowski: We didn't hire any additional staff. It was all hands on deck. So everyone pitched. It was a great team. Everyone came in, everyone did a certain piece. Everyone had a certain assignment so we all came together. I am so proud of my team, so we didn't actually need anyone yet to come in to help us.

Because again, it's a very narrow field, so to speak. It's not that easy to get someone who can just jump in and create an application because there's so many different levels to figure out. I think our biggest one is procurement. That's always a big thing, but yeah, we might in the future hire someone to try to run the programs, but right now it's all hands on deck.

Andelyn Nesbitt: Very good. What about the other panelists? Did you guys -- were you able to handle this increased workload with your staff or did you have to bring on more people?

David Bachrach: We had to absorb it with the staff we had which is superb but very small. So very thankful for the very valuable people.

Andelyn Nesbitt: Fabulous. Maria, did you want to say something?

Maria Bruni: Well we have a rehab mechanism in place already through our department, so but that was added workload for them as well but all hands on deck as well and they did a great job. I have a great team here.

Andelyn Nesbitt: Awesome.

Althea Holcomb: We didn't -- actually we tried to recruit volunteers to help us with this and generally they'd come out in one rainy day and that would be the end. So my staff were all about doing it and there were still doing it each of us take a day and go out and hang out which is really great.

Andelyn Nesbitt: Outside in the mornings there, right? Wonderful, wonderful. All right. It looks like we have about nine minutes left. I'm going to get to a few more questions for you guys. And this one is for everyone.

For communities working with the sub-recipients and other partners that were new to CDBG funding, what was the biggest challenge surrounding monitoring grantees and sub-recipients for compliance or educating your partners on what would be needed for CDBG compliance?

David Bachrach: I'll go first and that for new sub recipients, it was making sure that they understood that they had to document low to mod and they needed to document that in such a way that it was viable and making sure that that happened before they went too far down the road of providing that service. So early intervention is key to that.

Andelyn Nesbitt: Perfect. Maria?

Maria Bruni: Our partners at the warming station there, they're used to getting some grants and stuff and being -- keeping -- they have all kinds of records that they have to submit to our local county social services and so forth. So we did the work, the city did the work, it's our facility and we're releasing to them, but they're going to provide all the data for us and everything that we need for our compliance.

Andelyn Nesbitt: All right. Here's what I'm going to do. We have about seven minutes left. I have one more question for you, and then we'll move on to reviewing some resources and getting your contact information for the attendees. So one person asked and we tried to stay a little bit away from things that were more compliance related, eligible activities and things like that.

We are documenting all of those questions that came in through the Q&A box, and we're giving those to HUD. But someone did answer, for projects that had area benefit, what data source did you use?

And so I'd like to pose that to everybody because whether it's for area benefit or for any benefit, sometimes there are data sources out there that we don't know about. And for example, I use the census information a lot. So what data sources did you guys use to pull off your projects that might be helpful to someone else?

David Bachrach: Well, -- oh, I'm sorry. I thought for area need, that you're probably going to point that out on HUD Exchange, they have a superb data source where you can look at the low mod count on a block group level so you can really isolate your service area that way.

Andelyn Nesbitt: Thank you, Sarah?

Sarah Gulick: So we use the census data for ours.

Andelyn Nesbitt: Wonderful.

Natasha Kukowski: Same with me as well.

Andelyn Nesbitt: Census data?

Althea Holcomb: We don't [inaudible] may, but we were -- we already have a database full of clients who were using our services because our doors were closed. We used that same -- those same numbers basically.

Andelyn Nesbitt: Perfect. Perfect. All right. Anyone else? All right. Thank you guys so much. You've been wonderful as panelists, wonderful to work with here, and thank you for sharing your best practices today.

For our attendees, we have some resources for you. There is a public facilities quick guide, broadband quick guide, and how to use CDBG for public facilities and improvements. Also

general COVID-19 guidance on the HUD Exchange page, CPD COVID-19 Grantee Guidance on hud.gov and the federal register notice, of course, for CDBG-CV.

There's also a CDBG-CV toolkit that we think is going to be very beneficial as well and we hope helps folks. All right, and contact information. I just want to thank again, thank our attendees for joining us today, thank our panelists. Thank you again to HUD for hosting this webinar.

Contact information for our panelists is on the screen. Also for any of you who would like more information on the webinars today, not only will they be posted on the Hud Exchange, but there will be a report to Congress on this webinar series and that will be posted at a later date on the HUD Exchange.

If your question didn't get answered today, you are as always encouraged to reach out to your local HUD field office with any questions. The slide deck and video of today's webinar will be posted on the HUD Exchange in the upcoming weeks and we appreciate your time today and hope that everyone has a great afternoon. Thank you everyone. Bye-bye.

(END)