COMMITTEE ON COMMUNITY IMPROVEMENT

December 3, 2024 at 5:00 PM
Aldermanic Chambers, City Hall (3rd Floor)

Members: Aldermen Morgan, Terrio, Kantor, Long, Burkush

AGENDA

The Chairman calls the meeting to order.

The Clerk calls the roll.

1. Amending Resolution and Budget Authorizations providing for the transfer and expenditure of funds in the amount of $56,265.73 for CIP 411825 Radiological Emergency Preparedness Program.
Ladies and Gentlemen, what is your pleasure?

2. Amending Resolution and Budget Authorization providing for the acceptance and expenditure of funds in the amount of $30,000 for CIP 411925 Domestic Violence Prosecutor.
Ladies and Gentlemen, what is your pleasure?

3. Amending Resolution and Budget Authorization providing for the acceptance and expenditure of funds in the amount of $10 for CIP 610023 2022/23 Winter Warming Station & Emergency Shelter.
Ladies and Gentlemen, what is your pleasure?

4. Amending Resolution and Budget Authorization providing for the acceptance and expenditure of funds in the amount of $35,000 for CIP 611023 2022 Lead-Based Paint Hazard Reduction Grant Program.
Ladies and Gentlemen, what is your pleasure?

5. Communication from Margarete Baldwin, Engineering Project Manager, requesting permission to apply for NH DOT Transportation Alternatives Program grant funding.
Ladies and Gentlemen, what is your pleasure?

6. Communication from Jeff Belanger, Planning and Community Development Director, submitting the FY25 First Quarter ARPA Funds Report.
Ladies and Gentlemen, what is your pleasure?

7. Communication from Fred McNeill, Chief Engineer, requesting approval to implement a 50%-50% Backflow Prevention Program.
Ladies and Gentlemen, what is your pleasure?

8. Communication from the Chief Engineer for two project extensions:
- CIP 710518 SSI Compliance - Construction, until 12/31/2026
- CIP 711322 MS4 Study Design & Construction, until 12/31/2025

Ladies and Gentlemen, what is your pleasure?

9. Communication from the Planning and Community Development Director requesting extensions for various CIP projects.
Ladies and Gentlemen, what is your pleasure?

If there is no further business, a motion is in order to adjourn.

Ryan J. Cashin
Chief of Department

Assistant Chiefs:
Matthew A.K. Lamothe
David Flurey
Joshua Guay

City of Manchester
Fire Department

TO: Alderman Morgan, CIP Chair

FROM: Chief Ryan Cashin

DATE: November 20, 2024

RE: FY25 Radiological Emergency Preparedness Program

We have been awarded $48,500 from the State of NH for FY25 Radiological Emergency Preparedness (REP) Program. These funds do not require a match from the City. I am requesting permission to accept these funds.

Additionally, I am also requesting the remaining flat rate funds in the amount of $7,765.73 from FY24's REP program be rolled over into this year's project. Each year, the award from the State includes $13,500 in flat rate funds. These funds do not expire and can be used across fiscal years.

Thank you for your attention to this matter.

City of Manchester
New Hampshire

In the year Two Thousand and Twenty Four

A RESOLUTION

"Amending the FY2025 Community Improvement Program, authorizing, appropriating and transferring funds in the amount of Fifty-Six Thousand Two Hundred Sixty-Five Dollars and Seventy-Three Cents ($56,265.73) for the FY2025 CIP 411825 Radiological Emergency Preparedness Program"

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2025 CIP as contained in the 2025 CIP budget; and

WHEREAS, the 2025 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to appropriate State of New Hampshire funds in the amount of $48,500 and transfer funds in the amount of $7,765.73 from CIP 412624 FY24 Radiological Emergency Response Plan for the FY2025 CIP 411825 Radiological Emergency Preparedness Program";

NOW, THEREFORE, be it resolved that the 2025 CIP be amended as follows:

By decreasing:

FY2024 CIP 412624 FY24 Radiological Emergency Preparedness Response Plan- $7,765.73 Other

By adding:

FY2025 CIP 411825 Radiological Emergency Preparedness Program- $48,500 State
$7,765.73 Other

Resolved, that this Resolution shall take effect upon its passage

CIP BUDGET AUTHORIZATION

CIP#:	412624	Project Year:	2024	CIP Resolution:	6/6/2023
Title:	FY24 Radiological Emergency Response Plan			Amending Resolution:	12/17/2024
Administering Department	Fire Department			Revision:	#1

Project Description: To reimburse the City for costs associated with participation and preparedness in the NH Radiological Emergency Response Plan for Seabrook station.

Federal Grants Federal Grant: no **Environmental** Review Required: No

Grant Executed: Completed:

Critical Events

1.	Project Initiation	7/1/2023
2.	Project Completion	12/31/2024
3.		
4.		
5.		
		12/31/2024

Line Item Budget	STATE			TOTAL
Salaries and Wages	$25,199.50	$0.00	$0.00	$25,199.50
Fringes	$12,275.00	$0.00	$0.00	$12,275.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$12,442.82	$0.00	$0.00	$12,442.82
TOTAL	**$49,917.32**	**$0.00**	**$0.00**	**$49,917.32**

Revisions: #1 - 12/17/24 Decrease overall budget $7,765.73 OTHER (from $57,683.05 to $49,917.32) transfer to CIP 411825

Comments: Source of funds: $50,974.5 of funding - NH Dept. of Safety, Division of Homeland Security and Emergency Management and $6708.55 transferred from CIP #411023.

Planning Department/Startup Form - 07/1/20 **$49,917.32**

CIP BUDGET AUTHORIZATION

CIP#:	411825	2025	CIP Resolution:	6/4/2024
Title:	Radiological Emergency Preparedness Program		Amending Resolution:	12/17/2024
Administering Department	Fire Department		Revision:	

Project Description: To reimburse the City for costs associated with participation and preparedness in the NH Radiological Emergency Response Plan for Seabrook Station.

Federal Grants Federal Grant: No **Environmental** Review Required: No

Grant Executed: Completed:

Critical Events

Project Initiation	7/01/2024
Project Completion	6/30/2025
	6/30/2025

Line Item Budget

	STATE			TOTAL
Salaries and Wages	$20,000.00	$0.00	$0.00	$20,000.00
Fringes	$10,000.00	$0.00	$0.00	$10,000.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$26,265.73	$0.00	$0.00	$26,265.73
TOTAL	**$56,265.73**	**$0.00**	**$0.00**	**$56,265.73**

Revisions:

Comments: Funds of $48,500 of new funding-NH Dept. of Safety, Homeland Security and Emergency Management and $7,765.73 transferred from CIP #412624

Planning Department/Startup Form - 07/1/20 **$56,265.73**

State of New Hampshire

DEPARTMENT OF SAFETY

Division of Homeland Security and Emergency Management

www.nh.gov/hsem

Robert L. Quinn
Commissioner

Robert M. Buxton
Director
Megan A. Hoskins
Assistant Director

October 31, 2024

Ryan Cashin, Director
Manchester Emergency Management
100 Merrimack Street
Manchester, NH 03101

Dear Director Cashin,

In accordance with RSA 107-B, the Commissioner of Safety has determined that the allocation of funds to support the Radiological Emergency Preparedness (REP) Program in Manchester for the State of New Hampshire's Fiscal Year 2025 (July 1, 2024-June 30, 2025) will be $48,500

These funds are available in order to cover the associated costs incurred by Manchester for maintaining and improving an emergency preparedness capability commensurate with the requirements of the New Hampshire REP Program. A breakdown of this allocation of funds by category is attached.

NH Homeland Security and Emergency Management looks forward to working with you on the continued development and enhancement of the REP Program capabilities and activities. The REP section at HSEM is always ready to assist you and your emergency management team with the responsibilities associated with your role in the Offsite Response Organization (ORO).

Should you have any questions or concerns please do not hesitate to contact REP at REP@dos.nh.gov or your HSEM REP Stakeholder Liaison at candi.l.tibbetts@dos.nh.gov.

Thank you for your continuing support of the REP Program in New Hampshire.

Sincerely,

Robert M. Buxton
Director

Enclosures
cc: Dan Stowers, Secondary EMD
The Honorable Jay Ruais, Mayor, City of Manchester

New Hampshire Department of Safety

Division of Homeland Security & Emergency Management

SSFY2025 REP Assessment Allocation

Attachment: Manchester FY2025 SS REP Assessment Allocation

Fiscal Year 2025 allocation of funds pursuant to RSA 107-B for Manchester to support participation and preparedness in the New Hampshire Radiological Emergency Response Plan for Seabrook Station:

Total amount allocated: $48,500.

Allocation Breakdown:

Flat Rate:	$13,500
Training:	$5,000
Drills and Exercises:	$30,000
Equipment:	$0
Total:	$48,500

NH RSA 107 B: The NH REP Program is a reimbursement program. In order for your community to receive the allocated funding, you must submit a request for reimbursement of the allowable expenses under this program accompanied by appropriate documentation. In addition, the Fiscal Year 2025 REP Maintenance Checklist must be completed and sent to REP, along with each reimbursement request, by the identified deadlines.

Reimbursement invoices can be emailed to REP@dos.nh.gov or submitted through electronic forms on the HSEM Resource Center website: https://prd.blogs.nh.gov/dos/hsem/?page_id=4685.

- Submissions for reimbursement should occur soon after an expense is incurred and/or on a regular basis, to NH Homeland Security and Emergency Management (HSEM).
- Funds expended beyond the budgeted amount for the year will NOT be reimbursed unless otherwise approved IN ADVANCE.
- Reimbursement for expenses cannot be carried forward into the next fiscal year.
- Reimbursements cannot be transferred from one category to another without prior approval.
- Equipment cannot be purchased unless requested and approved through your request.

The State fiscal year runs from July 1 to June 30 of each year. Billings for reimbursement must be received by HSEM on or before June 1. Exceptions for those year-end expenditures which occur during the month of June should be discussed with HSEM prior to the commitment of funds.

It will be the responsibility of each municipality to maintain supporting documentation for all expenses related to assessment awards. The New Hampshire Department of Safety Business Office will randomly choose a number of communities to audit, at which time documentation will be requested for review.

With respect to a municipality's ability to accept and expend unanticipated funds beyond the municipal budget cycle, municipalities should consider the adoption of NH RSA 31:95-B, which allows the city to accept and expend unanticipated funds.

Please remember that no assessment reimbursements are made to individuals or without the appropriate documentation. Requests must be made from the community and accompanied by proof of payment.

Assessment Reimbursement Categories-Host Communities

Description of Categories

Non-flat rate:

- Training: Covers the cost of personnel participation in REP training, including cost of food, if any. Invoices with training must be accompanied by a roster of participants with the name of the course and date it was held or a copy of the certificate of completion. Online training must be courses identified in the briefing book and may not exceed the maximum hour allowance.
- Drills & Exercises: Covers the cost of personnel participation in REP drills and exercises including food.
- Equipment: Covers equipment greater than $2,500 that was previously approved.

Flat Rate:

- $13,500 flat base rate per year (4 quarters)
- Includes money for planning, administration, general supplies, equipment less than $2,500 and meeting expenses.
- The EMD or community will be able to spend it on the program as they wish provided the flat rate checklists are completed.
- Does NOT include reimbursement or supplies for:
  - Workshops, TTXs, Drills or Exercises
  - Training
  - Equipment > $2,500

If you are unsure of what category an expense should be charged to, please e-mail us at REP@dos.nh.gov.

Emily Gray Rice
City Solicitor

Peter R. Chiesa
Deputy City Solicitor

Gregory T. Muller
Supervising Prosecutor

John G. Blanchard
Kathleen A. Broderick
Jessica L. Cain
Katherine J. Muzzy
Benjamin W. Maki
Steven J. Ranfos
Melissa A. Kowalewski

Donald P. Shedd, II.
Paralegal
Erin B. Coyle
Paralegal

CITY OF MANCHESTER
Office of the City Solicitor

MEMORANDUM

To: Alderman Morgan
Chairman, CIP Committee

From: Emily Gray Rice, Esq.
City Solicitor

Date: November 21, 2024

RE: STOP Grant, Domestic Violence Prosecutor

The City Solicitor's Office has been notified that the State of NH Department of Justice has awarded the City a STOP grant in the amount of $30,000 for the period of 1/01/2025 – 12/31/2025 to support the salary of a Domestic Violence Prosecutor.

I request that the Committee process this as a project for approval.

Thank you.

City of Manchester
New Hampshire

In the year Two Thousand and Twenty Four

A RESOLUTION

"Amending the FY2025 Community Improvement Program, authorizing and appropriating funds in the amount of Thirty Thousand Dollars ($30,000) for the FY2025 CIP 411925 Domestic Violence Prosecutor"

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2025 CIP as contained in the 2025 CIP budget; and

WHEREAS, the 2025 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to appropriate State of New Hampshire Department of Justice STOP Grant Funds in the amount of $30,000 for the FY2025 CIP 411925 Domestic Violence Prosecutor";

NOW, THEREFORE, be it resolved that the 2025 CIP be amended as follows:

By adding:

FY2025 CIP 411925 Domestic Violence Prosecutor - $30,000 State

Resolved, that this Resolution shall take effect upon its passage

CIP BUDGET AUTHORIZATION

CIP#:	411925	2025	CIP Resolution:	6/4/2024
Title:	Domestic Violence Prosecutor		Amending Resolution:	12/3/2024
Administering Department	Solicitor's Office		Revision:	

Project Description: Funding to partially support an Attorney 1 Domestic Violence Prosecutor in the City Solicitor's Office

Federal Grants Federal Grant: No **Environmental** Review Required: No

Grant Executed: Completed:

Critical Events

Project Initiation	01/01/2025
Project Completion	12/31/2025
	12/31/2025

Line Item Budget	STATE			TOTAL
Salaries and Wages	$30,000.00	$0.00	$0.00	$30,000.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00
TOTAL	**$30,000.00**	**$0.00**	**$0.00**	**$30,000.00**

Revisions:

Comments: Funds of $30,000 from State of NH Department of Justice STOP Grant

Planning Department/Startup Form - 07/1/20 **$30,000.00**

GRANT AGREEMENT

The State of New Hampshire and the Grantee hereby
Mutually agree as follows:
GENERAL PROVISIONS

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Justice		**1.2. State Agency Address** 1 Granite Place, South Concord, NH 03301	
1.3. Grantee Name Office of the City Solicitor, Manchester, NH		**1.4. Grantee Address** One City Hall Plaza, Manchester, NH 03101	
1.5 Grantee Phone # (603) 624-6523	**1.6. Account Number** 02-20-20-201510-5587-072-500574	**1.7. Completion Date** 12/31/2025	**1.8. Grant Limitation** $30,000
1.9. Grant Officer for State Agency Kathleen Carr		**1.10. State Agency Telephone Number** (603) 271-1234	
If Grantee is a municipality or village district: "**By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."**			
1.11. Grantee Signature 1		**1.12. Name & Title of Grantee Signor 1**	
Grantee Signature 2		**Name & Title of Grantee Signor 2**	
Grantee Signature 3		**Name & Title of Grantee Signor 3**	
1.13 State Agency Signature(s)		**1.14. Name & Title of State Agency Signor(s)**	
1.15. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) **By:** **Assistant Attorney General, On: / /**			
1.16. Approval by Governor and Council (if applicable) **By:** **On: / /**			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), the Grantee identified in block 1.3 (hereinafter referred to as "the Grantee"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT B (the scope of work being hereinafter referred to as "the Project").

3. AREA COVERED. Except as otherwise specifically provided for herein, the Grantee shall perform the Project in, and with respect to, the State of New Hampshire.

4. EFFECTIVE DATE: COMPLETION OF PROJECT.

4.1. This Agreement, and all obligations of the parties hereunder, shall become effective on the date on the date of approval of this Agreement by the Governor and Council of the State of New Hampshire if required (block 1.16), or upon signature by the State Agency as shown in block 1.14 ("the Effective Date").

4.2. Except as otherwise specifically provided herein, the Project, including all reports required by this Agreement, shall be completed in ITS entirety prior to the date in block 1.7 (hereinafter referred to as "the Completion Date").

5. GRANT AMOUNT: LIMITATION ON AMOUNT: VOUCHERS: PAYMENT.

5.1. The Grant Amount is identified and more particularly described in EXHIBIT C, attached hereto.

5.2. The manner of, and schedule of payment shall be as set forth in EXHIBIT C.

5.3. In accordance with the provisions set forth in EXHIBIT C, and in consideration of the satisfactory performance of the Project, as determined by the State, and as limited by subparagraph 5.5 of these general provisions, the State shall pay the Grantee the Grant Amount. The State shall withhold from the amount otherwise payable to the Grantee under this subparagraph 5.3 those sums required, or permitted, to be withheld pursuant to N.H. RSA 80:7 through 7-c.

5.4. The payment by the State of the Grant amount shall be the only, and the complete payment to the Grantee for all expenses, of whatever nature, incurred by the Grantee in the performance hereof, and shall be the only, and the complete, compensation to the Grantee for the Project. The State shall have no liabilities to the Grantee other than the Grant Amount.

5.5. Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the Grant limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY GRANTEE WITH LAWS AND REGULATIONS. In connection with the performance of the Project, the Grantee shall comply with all statutes, laws regulations, and orders of federal, state, county, or municipal authorities which shall impose any obligations or duty upon the Grantee, including the acquisition of any and all necessary permits and RSA 31-95-b.

7. RECORDS and ACCOUNTS.

7.1. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency, the Grantee shall keep detailed accounts of all expenses incurred in connection with the Project, including, but not limited to, costs of administration, transportation, insurance, telephone calls, and clerical materials and services. Such accounts shall be supported by receipts, invoices, bills and other similar documents.

7.2. Between the Effective Date and the date seven (7) years after the Completion Date, unless otherwise required by the grant terms or the Agency pursuant to subparagraph 7.1, at any time during the Grantee's normal business hours, and as often as the State shall demand, the Grantee shall make available to the State all records pertaining to matters covered by this Agreement. The Grantee shall permit the State to audit, examine, and reproduce such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, data (as that term is hereinafter defined), and other information relating to all matters covered by this Agreement. As used in this paragraph, "Grantee" includes all persons, natural or fictional, affiliated with, controlled by, or under common ownership

8. with, the entity identified as the Grantee in block 1.3 of these provisions

8.1. PERSONNEL.

The Grantee shall, at its own expense, provide all personnel necessary to perform the Project. The Grantee warrants that all personnel engaged in the Project shall be qualified to perform such Project, and shall be properly licensed and authorized

8.2. to perform such Project under all applicable laws.

The Grantee shall not hire, and it shall not permit any subcontractor, subgrantee, or other person, firm or corporation with whom it is engaged in a combined effort to perform the Project, to hire any person who has a contractual relationship with

8.3. the State, or who is a State officer or employee, elected or appointed.

The Grant Officer shall be the representative of the State hereunder. In the event of any dispute hereunder, the interpretation of this Agreement by the Grant

9. Officer, and his/her decision on any dispute, shall be final.

9.1. DATA; RETENTION OF DATA; ACCESS.

As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, paper, and documents, all whether finished or unfinished.

9.2. Between the Effective Date and the Completion Date the Grantee shall grant to the State, or any person designated by it, unrestricted access to all data for examination, duplication, publication, translation, sale, disposal, or for any other purpose whatsoever.

9.3. No data shall be subject to copyright in the United States or any other country by anyone other than the State.

9.4. On and after the Effective Date all data, and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason, whichever shall first occur.

9.5. The State, and anyone it shall designate, shall have unrestricted authority to publish, disclose, distribute and otherwise use, in whole or in part, all data.

10. CONDITIONAL NATURE OR AGREEMENT. Notwithstanding anything in this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability or continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available or appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Grantee notice of such termination.

11. EVENT OF DEFAULT: REMEDIES.

11.1. Any one or more of the following acts or omissions of the Grantee shall constitute an event of default hereunder (hereinafter referred to as "Events of Default"):

11.1.1 Failure to perform the Project satisfactorily or on schedule; or

11.1.2 Failure to submit any report required hereunder; or

11.1.3 Failure to maintain, or permit access to, the records required hereunder; or

11.1.4 Failure to perform any of the other covenants and conditions of this Agreement.

11.2. Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

11.2.1 Give the Grantee a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Grantee notice of termination; and

11.2.2 Give the Grantee a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Grant Amount which would otherwise accrue to the Grantee during the period from the date of such notice until such time as the State determines that the Grantee has cured the Event of Default shall never be paid to the Grantee; and

11.2.3 Set off against any other obligation the State may owe to the Grantee any damages the State suffers by reason of any Event of Default; and

11.2.4 Treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

12. TERMINATION.

12.1. In the event of any early termination of this Agreement for any reason other than the completion of the Project, the Grantee shall deliver to the Grant Officer, not later than fifteen (15) days after the date of termination, a report (hereinafter referred to as the "Termination Report") describing in detail all Project Work performed, and the Grant Amount earned, to and including the date of termination.

12.2. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall entitle the Grantee to receive that portion of the Grant amount earned to and including the date of termination.

12.3. In the event of Termination under paragraphs 10 or 12.4 of these general provisions, the approval of such a Termination Report by the State shall in no event relieve the Grantee from any and all liability for damages sustained or incurred by the State as a result of the Grantee's breach of its obligations hereunder.

12.4. Notwithstanding anything in this Agreement to the contrary, either the State or, except where notice default has been given to the Grantee hereunder, the Grantee, may terminate this Agreement without cause upon thirty (30) days written notice.

13. CONFLICT OF INTEREST. No officer, member of employee of the Grantee, and no representative, officer or employee of the State of New Hampshire or of the governing body of the locality or localities in which the Project is to be performed, who exercises any functions or responsibilities in the review or

approval of the undertaking or carrying out of such Project, shall participate in any decision relating to this Agreement which affects his or her personal interest or the interest of any corporation, partnership, or association in which he or she is directly or indirectly interested, nor shall he or she have any personal or pecuniary interest, direct or indirect, in this Agreement or the proceeds thereof.

14. GRANTEE'S RELATION TO THE STATE. In the performance of this Agreement the Grantee, its employees, and any subcontractor or subgrantee of the Grantee are in all respects independent contractors, and are neither agents nor employees of the State. Neither the Grantee nor any of its officers, employees, agents, members, subcontractors or subgrantees, shall have authority to bind the State nor are they entitled to any of the benefits, workmen's compensation or emoluments provided by the State to its employees.

15. ASSIGNMENT AND SUBCONTRACTS. The Grantee shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Project Work shall be subcontracted or subgranted by the Grantee other than as set forth in Exhibit B without the prior written consent of the State.

16. INDEMNIFICATION. The Grantee shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based on, resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Grantee or subcontractor, or subgrantee or other agent of the Grantee. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this agreement.

17. INSURANCE.

17.1 The Grantee shall, at its own expense, obtain and maintain in force, or shall require any subcontractor, subgrantee or assignee performing Project work to obtain and maintain in force, both for the benefit of the State, the following insurance:

17.1.1 Statutory workers' compensation and employees liability insurance for all employees engaged in the performance of the Project, and

17.1.2 General liability insurance against all claims of bodily injuries, death or property damage, in amounts not less than $1,000,000 per occurrence and $2,000,000 aggregate for bodily injury or death any one incident, and $500,000 for property damage in any one incident; and

17.2. The policies described in subparagraph 17.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Grantee shall furnish to the State, certificates of insurance for all renewal(s) of insurance required under this Agreement no later than ten (10) days prior to the expiration date of each insurance policy.

18. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event, or any subsequent Event. No express waiver of any Event of Default shall be deemed a waiver of any provisions hereof. No such failure of waiver shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Grantee.

19. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses first above given.

20. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire, if required or by the signing State Agency.

21. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the law of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assignees. The captions and contents of the "subject" blank are used only as a matter of convenience, and are not to be considered a part of this Agreement or to be used in determining the intend of the parties hereto.

22. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

23. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings relating hereto.

24. SPECIAL PROVISIONS. The additional or modifying provisions set forth in Exhibit A hereto are incorporated as part of this agreement.

EXHIBIT A

Special Conditions
Grant # 15JOVW-24-GG-00513-STOP

Office of the City Solicitor, Manchester, NH as the Grantee (hereinafter referred to as "Subrecipient") shall be compliant at all times with the terms, conditions and specifications detailed below, which are subject to annual review.

1. The Subrecipient must certify that Limited English Proficiency persons have meaningful access to any services provided by this program. National origin discrimination includes discrimination on the basis of limited English proficiency (LEP). Meaningful access may entail providing language assistance services, including oral and written translation when necessary. The U.S. Department of Justice has issued guidance for grantees to help them comply with these requirements. The guidance document can be accessed on the Internet at www.lep.gov.

2. The Subrecipient assures that in the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination within the three years prior to the receipt of the federal financial assistance and after a due process hearing against the Subrecipient on the grounds of race, color, religion, national origin, sex, age, or disability, a copy of the finding will be submitted to the New Hampshire Department of Justice, Grants Management Unit and to the U.S. Department of Justice, Office for Civil Rights, Office of Justice Programs, 810 7th Street, NW, Washington, D.C. 20531. For additional information regarding your obligations under civil rights please reference the state website at http://www.doj.nh.gov/grants-management/civil-rights.htm and understand if you are awarded funding from this office, civil rights compliance will be monitored by this office, and the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.

3. The Subrecipient will comply (and will require any subrecipients or contractors to comply) with any applicable nondiscrimination provisions, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. § 10228(c)); the Victims of Crime Act (34 U.S.C. § 20110(e)); the Juvenile Justice and Delinquency Prevention Act of 2002 (34 U.S.C. § 11182(b)); the Violence Against Women Act (34 U.S.C. § 12291(b)(13)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Indian Civil Rights Act (25 U.S.C. §§ 1301-1303); the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Americans with Disabilities Act of 1990 (42 U.S.C. §§ 12131-34); the Education Amendments of 1972 (20 U.S.C. §§ 1681, 1683, 1685-86); and the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07). It will also comply with Ex. Order 13279, Equal Protection of the Laws for Faith-Based and Community Organizations; Executive Order 13559, Fundamental Principles and Policymaking Criteria for Partnerships with Faith-Based and Other Neighborhood Organizations; and the DOJ implementing regulations at 28 C.F.R. Part 38.

4. Compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. The current consultant limit is $650 per day or $81.25 per hour. When the rate exceeds the limit for an 8-hour day, or a proportionate hourly rate (excluding travel and subsistence costs), a written prior approval is required. Prior approval requests require additional justification.

Initials:_____
Date:_____

5. The Subrecipient agency agrees that, should they employ a former member of the NH Department of Justice (NHDOJ), that employee or their relative shall not perform work on or be billed to any federal or state subgrant or monetary award that the employee directly managed or supervised while at the NHDOJ for the life of the subgrant without the express approval of the NH DOJ.

6. The Subrecipient understands that grants are funded for the grant award period noted on the grant award document. No guarantee is given or implied of subsequent funding in future years.

7. Requirements of the award; remedies for non-compliance or for materially false statements

The conditions of this award are material requirements of the award. Compliance with any assurances or certifications submitted by or on behalf of the subrecipient that relate to conduct during the period of performance also is a material requirement of this award.

By accepting this award on behalf of the subrecipient, the authorized subrecipient official accepts all material requirements of the award, and specifically adopts, as if personally executed by the authorized recipient official, all assurances or certifications submitted by or on behalf of the subrecipient that relate to conduct during the period of performance.

Failure to comply with any one or more of these award requirements, whether a condition set out in full below, a condition incorporated by reference below, or an assurance or certification related to conduct during the award period may result in the Office on Violence Against Women ("OVW") or the NH Dept. of Justice ("NHDOJ") taking appropriate action with respect to the subrecipient and the award. Among other things, OVW or NHDOJ may withhold award funds, disallow costs, or suspend or terminate the award. DOJ, including OVW and NHDOJ, also may take other legal action as appropriate.

Any materially false, fictitious, or fraudulent statement to the federal government related to this award (or concealment or omission of a material fact) may be the subject of criminal prosecution (including under 18 U.S.C. 1001 and/or 1621, and/or 34 U.S.C. 10271-10273), and also may lead to imposition of civil penalties and administrative remedies for false claims or otherwise (including under 31 U.S.C. 3729-3730 and 3801-3812).

Should any provision of a requirement of this award be held to be invalid or unenforceable by its terms, that provision shall first be applied with a limited construction so as to give it the maximum effect permitted by law. Should it be held, instead, that the provision is utterly invalid or unenforceable, such provision shall be deemed severable from this award.

8. Applicability of Part 200 Uniform Requirements and DOJ Grants Financial Guide

The subrecipient agrees to comply with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements in 2 C.F.R. Part 200, as adopted and supplemented by the Department of Justice (DOJ) in 2 C.F.R. Part 2800 (together, the "Part 200 Uniform Requirements"), and the current edition of the DOJ Grants Financial Guide as posted on the

OVW website, including any updated version that may be posted during the period of performance.

The recipient also agrees that all financial records pertinent to this award, including the general accounting ledger and all supporting documents, are subject to agency review throughout the life of the award, during the close-out process, and for three years after submission of the final Federal Financial Report (SF-425) or as long as the records are retained, whichever is longer, pursuant to 2 C.F.R. 200.334, 200.337.

9. Requirement to report potentially duplicative funding

If the subrecipient currently has other active awards of federal funds, or if the subrecipient receives any other award of federal funds during the period of performance for this award, the subrecipient promptly must determine whether funds from any of those other federal awards have been, are being, or are to be used (in whole or in part) for one or more of the identical cost items for which funds are provided under this award.

If so, the subrecipient must promptly notify the NHDOJ Grants Management Unit in writing of the potential duplication, and, if so requested by the NHDOJ, must seek a budget modification or change-of-project-scope to eliminate any inappropriate duplication of funding

10. Requirements related to System for Award Management and unique entity identifiers

The subrecipient must comply with applicable requirements regarding the System for Award Management (SAM), currently accessible at https://www.sam.gov. This includes applicable requirements regarding registration with SAM, as well as maintaining current information in SAM.

The subrecipient also must comply with applicable restrictions on subawards ("subgrants") to first tier subrecipients (first-tier "subgrantees"), including restrictions on subawards to entities that do not acquire and provide the unique entity identifier required for SAM registration.

The details of the recipient's obligations related to SAM and to unique entity identifiers (UEI) are posted on the OVW website at https://www.justice.gov/ovw/award-conditions (Award Condition: Requirements related to System for Award Management (SAM) and unique entity identifiers), and are incorporated by reference here.

11. Employment eligibility verification for hiring under the award

The subrecipient must ensure that, as part of the hiring process for any position within the United States that is or will be funded (in whole or in part) with award funds, the recipient (or any subrecipient at any tier) properly verifies the employment eligibility of the individual who is being hired, consistent with the provisions of 8 U.S.C. § 1324a(a)(1) and (2).

The details of the recipient's obligations under this condition are posted on the OVW website at https://www.justice.gov/ovw/award-conditions (Award Condition: Employment eligibility

verification for hiring under award) and are incorporated by reference here.

12. Requirement to report actual or imminent breach of personally identifiable information (PII)

The recipient (and any subrecipient at any tier) must have written procedures in place to respond in the event of an actual or imminent breach (as defined in OMB M-17-12) if it (or a subrecipient)-- 1) creates, collects, uses, processes, stores, maintains, disseminates, discloses, or disposes of personally identifiable information (PII) (as defined in 2 C.F.R. 200.1) within the scope of an OVW grant-funded program or activity, or 2) uses or operates a Federal information system (as defined in OMB Circular A-130).

The subrecipient's breach procedures must include a requirement to report actual or imminent breach of PII to an OVW Program Manager no later than 24 hours after an occurrence of an actual breach, or the detection of an imminent breach.

In the event of an actual, or imminent, breach of Personally Identifiable Information of a U.S Department of Justice funded program or activity by a subrecipient, the subrecipient must have a procedure in place that indicates that the Grants Management Unit will be notified of the breach by the end of the business day (4:00 PM EST) that the breach was reported. An e-mail will be sent to Grants@doj.nh.gov, which e-mails every staff member in the Grants Management Unit, notifying the Unit of the breach. The GMU Administrator, or designee, will respond to the subrecipient’s e-mail notifying receipt of the notification by the end of the business day that it was received. If the subrecipient does not receive a confirmation e-mail from the GMU the subrecipient shall call the NH Department of Justice main number, (603)271-3658, and request to speak to the GMU and report the breach.

Subrecipients must have written procedures that document the process of notifying the GMU in the event of a PII breach. Written procedures will be verified during onsite monitoring’s conducted by the GMU.

13. Unreasonable restrictions on competition under the award; association with federal government.

No recipient (or subrecipient, at any tier) may (in any procurement transaction) discriminate against any person or entity on the basis of such person or entity's status as an "associate of the federal government" (or on the basis of such person or entity's status as a parent, affiliate, or subsidiary of such an associate), except as expressly set out in 2 C.F.R. 200.319(a) or as specifically authorized by DOJ.

The details of the recipient's obligations under this condition are posted on the OVW website at https://www.justice.gov/ovw/award-conditions (Award Condition: Unreasonable restrictions on competition under the award; association with federal government) and are incorporated by reference here.

14. Requirements pertaining to prohibited conduct related to trafficking in persons (including reporting requirements and OVW authority to terminate award)

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable requirements (including requirements to report allegations) pertaining to prohibited conduct related to the trafficking of persons, whether on the part of recipients, subrecipients ("subgrantees"), or individuals defined (for purposes of this condition) as "employees" of the recipient or of any subrecipient.

The details of the subrecipient's obligations related to prohibited conduct related to trafficking in persons are posted on the OVW web site at https://www.justice.gov/ovw/award-conditions (Award Condition: Prohibited conduct by recipients and subrecipients related to trafficking in persons (including reporting requirements and OVW authority to terminate award)), and are incorporated by reference here.

15. Determinations of suitability to interact with participating minors

This condition applies to this award if it is indicated in the application for the award (as approved by DOJ) (or in the application for any subaward at any tier), the DOJ funding announcement (solicitation), or an associated federal statute that a purpose of some or all of the activities to be carried out under the award (whether by the recipient or a subrecipient at any tier) is to benefit a set of individuals under 18 years of age.

The recipient, and any subrecipient at any tier, must make determinations of suitability before certain individuals may interact with participating minors. This requirement applies regardless of an individual's employment status. The details of this requirement are posted on the OVW web site at https://www.justice.gov/ovw/award-conditions (Award condition: Determination of suitability required, in advance, for certain individuals who may interact with participating minors), and are incorporated by reference here.

16. Compliance with applicable rules regarding approval, planning, and reporting of conferences, meetings, trainings, and other events

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable laws, regulations, policies, and official DOJ guidance (including specific cost limits, prior approval and reporting requirements, where applicable) governing the use of federal funds for expenses related to conferences (as that term is defined by DOJ), including the provision of food and/or beverages at such conferences, and costs of attendance at such conferences.

Information on the pertinent DOJ definition of conferences and the rules applicable to this award appears on the OVW website at https://www.justice.gov/ovw/conference-planning.

17. OVW Training Guiding Principles

The recipient understands and agrees that any training or training materials developed or delivered with funding provided under this award must adhere to the OVW Training Guiding

Principles for Grantees and Subgrantees, available at https://www.justice.gov/ovw/resources-and-faqs-grantees#Discretionary.

18. Effect of failure to address audit issues

The subrecipient understands and agrees that the NHDOJ (and OJP or OVW, as appropriate) may withhold award funds, or may impose other related requirements, if (as determined by the NHDOJ) the subrecipient does not satisfactorily and promptly address outstanding issues from audits required by the Part 200 Uniform Requirements (or by the terms of this award), or other outstanding issues that arise in connection with audits, investigations, or reviews of DOJ awards.

19. Potential imposition of additional requirements

The subrecipient agrees to comply with any additional requirements that may be imposed by the NHDOJ (and OJP or OVW, as appropriate) during the period of performance for this award, if the subrecipient is designated as "high- risk" for purposes of the DOJ high-risk grantee list.

20. Compliance with DOJ regulations pertaining to civil rights and nondiscrimination - 28 C.F.R. Part 42

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable requirements of 28 C.F.R. Part 42, specifically including any applicable requirements in Subpart E of 28 C.F.R. Part 42 that relate to an equal employment opportunity program.

21. Compliance with DOJ regulations pertaining to civil rights and nondiscrimination - 28 C.F.R. Part 38

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable requirements of 28 C.F.R. Part 38 (amended effective April 3, 2024).

Among other things, 28 C.F.R. Part 38 includes rules that prohibit specific forms of discrimination on the basis of religion, a religious belief, a refusal to hold a religious belief, or refusal to attend or participate in a religious practice. Part 38 also sets out rules and requirements that relate to engaging in or conducting explicitly religious activities and requires that recipients and subrecipients that are social service providers provide written notice to beneficiaries or prospective beneficiaries of certain protections as described in 28 C.F.R. 38.6(b).
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22. Compliance with DOJ regulations pertaining to civil rights and nondiscrimination - 28 C.F.R. Part 54

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable requirements of 28 C.F.R. Part 54, which relates to nondiscrimination on the basis of sex in certain "education programs."

23. Restrictions on "lobbying" and policy development

In general, as a matter of federal law, federal funds may not be used by the recipient, or any subrecipient ("subgrantee") at any tier, either directly or indirectly, in support of the enactment, repeal, modification or adoption of any law, regulation or policy, at any level of government, in order to avoid violation of 18 U.S.C. § 1913. The recipient, or any subrecipient ("subgrantee") may, however, use federal funds to collaborate with and provide information to federal, state, local, tribal and territorial public officials and agencies to develop and implement policies and develop and promote state, local, or tribal legislation or model codes designed to reduce or eliminate domestic violence, dating violence, sexual assault, and stalking (as those terms are defined in 34 U.S.C. § 12291(a)) when such collaboration and provision of information is consistent with the activities otherwise authorized under this grant program.

Another federal law generally prohibits federal funds awarded by OVW from being used by the recipient, or any subrecipient at any tier, to pay any person to influence (or attempt to influence) a federal agency, a Member of Congress, or Congress (or an official or employee of any of them) with respect to the awarding of a federal grant or cooperative agreement, subgrant, contract, subcontract, or loan, or with respect to actions such as renewing, extending, or modifying any such award. See 31 U.S.C. § 1352. Certain exceptions to this law apply, including an exception that applies to Indian tribes and tribal organizations.

Should any question arise as to whether a particular use of federal funds by a recipient (or subrecipient) would or might fall within the scope of these prohibitions, the subrecipient is to contact the NHDOJ Grants Management Unit for guidance and may not proceed without the express prior written approval of NHDOJ.

24. Compliance with general appropriations-law restrictions on the use of federal funds for this fiscal year

The recipient, and any subrecipient ("subgrantee") at any tier, must comply with all applicable restrictions on the use of federal funds set out in federal appropriations statutes. Pertinent restrictions, for each fiscal year, are set out at https://www.justice.gov/ovw/award-conditions (Award Condition: General appropriations-law restrictions on use of federal award funds), and are incorporated by reference here. Should a question arise as to whether a particular use of federal funds by a recipient (or a subrecipient) would or might fall within the scope of an appropriations-law restriction, the subrecipient is to contact the NHDOJ Grants Management Unit for guidance and may not proceed without the express prior written approval of NHDOJ.

25. Reporting Potential Fraud, Waste, and Abuse, and Similar Misconduct

The recipient and any subrecipients ("subgrantees") must promptly refer to the DOJ Office of the Inspector General (OIG) any credible evidence that a principal, employee, agent, subrecipient, contractor, subcontractor, or other person has, in connection with funds under this award -- (1) submitted a claim that violates the False Claims Act; or (2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct.

Initials:_____
Date:_____

Potential fraud, waste, abuse, or misconduct involving or relating to funds under this award should be reported to the OIG by-- (1) online submission accessible via the OIG webpage at https://oig.justice.gov/hotline/grant-complaint (select "Submit Report Online"); (2) mail directed to: U.S. Department of Justice, Office of the Inspector General, Investigations Division, ATTN: Grantee Reporting, 950 Pennsylvania Ave., NW, Washington, DC 20530; (3) by facsimile directed to the DOJ OIG Fraud Detection Office (Attn: Grantee Reporting) at (202) 616-9881 (fax).

Additional information is available from the DOJ OIG website at https://oig.justice.gov/hotline.

26. Restrictions and certifications regarding non-disclosure agreements and related matters

No recipient or subrecipient ("subgrantee") under this award, or entity that receives a procurement contract or subcontract with any funds under this award, may require any employee or contractor to sign an internal confidentiality agreement or statement that prohibits or otherwise restricts, or purports to prohibit or restrict, the reporting (in accordance with law) of waste, fraud, or abuse to an investigative or law enforcement representative of a federal department or agency authorized to receive such information.

The foregoing is not intended, and shall not be understood by the agency making this award, to contravene requirements applicable to Standard Form 312 (which relates to classified information), Form 4414 (which relates to sensitive compartmented information), or any other form issued by a federal department or agency governing the nondisclosure of classified information.

1. In accepting this award, the subrecipient--

a. represents that it neither requires nor has required internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and

b. certifies that, if it learns or is notified that it is or has been requiring its employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, it will immediately stop any further obligations of award funds, will provide prompt written notification to the federal agency making this award, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by that agency.

2. If the subrecipient does or is authorized under this award to make subawards ("subgrants"), procurement contracts, or both—

a. it represents that--

(1) it has determined that no other entity that the subrecipient's application proposes may or will

receive award funds (whether through a subaward ("subgrant"), procurement contract, or subcontract under a procurement contract) either requires or has required internal confidentiality agreements or statements from employees or contractors that currently prohibit or otherwise currently restrict (or purport to prohibit or restrict) employees or contractors from reporting waste, fraud, or abuse as described above; and

(2) it has made appropriate inquiry, or otherwise has an adequate factual basis, to support this representation; and

b. it certifies that, if it learns or is notified that any subrecipient, contractor, or subcontractor entity that receives funds under this award is or has been requiring its employees or contractors to execute agreements or statements that prohibit or otherwise restrict (or purport to prohibit or restrict), reporting of waste, fraud, or abuse as described above, it will immediately stop any further obligations of award funds to or by that entity, will provide prompt written notification to the federal agency making this award, and will resume (or permit resumption of) such obligations only if expressly authorized to do so by that agency.

27. Compliance with 41 U.S.C. 4712 (including prohibitions on reprisal; notice to employees)

The recipient (and any subrecipient at any tier) must comply with, and is subject to, all applicable provisions of 41 U.S.C. 4712, including all applicable provisions that prohibit, under specified circumstances, discrimination against an employee as reprisal for the employee's disclosure of information related to gross mismanagement of a federal grant, a gross waste of federal funds, an abuse of authority relating to a federal grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a federal grant.

The subrecipient also must inform its employees, in writing (and in the predominant native language of the workforce), of employee rights and remedies under 41 U.S.C. 4712.

Should a question arise as to the applicability of the provisions of 41 U.S.C. 4712 to this award, the subrecipient is to contact the NHDOJ or (OJP or OVW, as appropriate) for guidance.

28. Encouragement of policies to ban text messaging while driving

Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving," 74 Fed. Reg. 51225 (October 1, 2009), DOJ encourages recipients and subrecipients ("subgrantees") to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this award, and to establish workplace safety policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.

29. Requirement to disclose whether recipient is designated high risk by a federal grant-making agency outside of DOJ.

If the recipient is designated high risk by a federal grant-making agency outside of DOJ, currently or at any time during the course of the period of performance under this award, the

subrecipient must disclose that fact and certain related information to OVW by email to OVW.GFMD@usdoj.gov. For purposes of this disclosure, high risk includes any status under which a federal awarding agency provides additional oversight due to the recipient's past performance, or other programmatic or financial concerns with the recipient.

The recipient's disclosure must include the following: (1) the federal awarding agency that currently designates the recipient high risk; (2) the date the recipient was designated high risk; (3) the high-risk point of contact at that federal awarding agency (name, phone number, and email address); and (4) the reasons for the high-risk status, as set out by the federal awarding agency.

30. Availability of general terms and conditions on OVW website

The subrecipient agrees to follow the applicable set of general terms and conditions that are available at https://www.justice.gov/ovw/award-conditions. These do not supersede any specific conditions in this award document.

31. Compliance with statutory and regulatory requirements

The subrecipient agrees to comply with all relevant statutory and regulatory requirements, which may include, among other relevant authorities, the Violence Against Women Act of 1994, P.L. 103-322, the violence Against Women Act of 2000, P.L. 106-386, the Violence Against Women and Department of Justice Reauthorization Act of 2005, P.L. 109-162, the Violence Against Women Reauthorization Act of 2013, P.L. 113-4, the Violence Against Women Act Reauthorization Act of 2022, P.L. 117-103, the Omnibus Crime Control and Safe Streets Act of 1968, 34 U.S.C. 10101 et seq., and the OVWs implementing regulations at 28 C.F.R. Part 90.

32. Compliance with solicitation requirements

The subrecipient agrees that it must be in compliance with requirements outlined in the solicitation under which the approved application was submitted, the applicable Solicitation Companion Guide, and any program-specific frequently asked questions (FAQs) on the OVW website (https://www.justice.gov/ovw/resources-and-faqs-grantees). The program solicitation, Companion Guide, and any program specific FAQs are hereby incorporated by reference into this award.

33. VAWA 2013 nondiscrimination condition

The subrecipient acknowledges that 34 U.S.C. § 12291(b)(13) prohibits subrecipients of OVW awards from excluding, denying benefits to, or discriminating against any person on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability in any program or activity funded in whole or in part by OVW. Subrecipients may provide sex-segregated or sex-specific programming if doing so is necessary to the essential operations of the program, so long as the subrecipient provides comparable services to those who cannot be provided with the sex-segregated or sex-specific programming.

The subrecipient agrees that it will comply with this provision. The subrecipient also agrees to ensure that any subrecipients ("subgrantees") at any tier will comply with this provision.

34. Misuse of award funds

The subrecipient understands and agrees that misuse of award funds may result in a range of penalties, including suspension of current and future funds, suspension or debarment from federal grants, recoupment of monies provided under an award, and civil and/or criminal penalties.

35. Limitation on use of funds to approved activities

The subrecipient agrees that grant funds will be used only for the purposes described in the subrecipient's application, unless the NHDOJ Grants Management Unit determines that any of these activities are out of scope or unallowable. The subrecipient must not undertake any work or activities that are not described in the subrecipient's application, award documents, or approved budget, and must not use staff, equipment, or other goods or services paid for with grant funds for such work or activities, without prior written approval by the NHDOJ.

36. Non-supplantation

The subrecipient agrees that grant funds will be used to supplement, not supplant, non-federal funds that would otherwise be available for the activities under this grant.

37. Confidentiality and information sharing

The subrecipient agrees to comply with the provisions of 34 U.S.C. § 12291(b)(2), nondisclosure of confidential or private information, which includes creating and maintaining documentation of compliance, such as policies and procedures for release of victim information.

The subrecipient also agrees to comply with the regulations implementing this provision at 28 CFR 90.4(b) and "Frequently Asked Questions (FAQs) on the VAWA Confidentiality Provision (34 U.S.C. § 12291(b)(2))" on the OVW website at https://www.justice.gov/ovw/resources-and-faqs-grantees. The subrecipient also agrees to ensure that all subrecipients ("subgrantees") at any tier meet these requirements.

38. Activities that compromise victim safety and recovery or undermine offender accountability

The subrecipient agrees that grant funds will not support activities that compromise victim safety and recovery or undermine offender accountability, such as: procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived sex, age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or sex of their children; procedures or policies that compromise the confidentiality of information and privacy of persons receiving OVW-funded services;

procedures or policies that impose requirements on victims in order to receive services (e.g., seek an order of protection, receive counseling, participate in couples' counseling or mediation, report to law enforcement, seek civil or criminal remedies, etc.); procedures or policies that fail to ensure service providers conduct safety planning with victims; project design and budgets that fail to account for the access needs of participants with disabilities and participants who have limited English proficiency or are Deaf or hard of hearing; or any other activities outlined in the solicitation or companion guide under which the application was submitted.

39. Policy for response to workplace-related incidents of sexual misconduct, domestic violence, and dating violence

The recipient, and any subrecipient at any tier, must have a policy, or issue a policy within 270 days of the award date, to address workplace-related incidents of sexual misconduct, domestic violence, and dating violence involving an employee, volunteer, consultant, or contractor. The details of this requirement are posted on the OVW web site at https://www.justice.gov/ovw/award-conditions (Award Condition: Policy for response to workplace-related sexual misconduct, domestic violence, and dating violence), and are incorporated by reference here.

40. Termination or suspension for cause

The Director of OVW or the NHDOJ, upon a finding that there has been substantial failure by the subrecipient to comply with applicable laws, regulations, and/or the terms and conditions of the award or relevant solicitation, will terminate or suspend until satisfied that there is no longer such failure, all or part of the award, in accordance with the provisions of 28 C.F.R. Part 18, as applicable mutatis mutandis. The federal regulation providing uniform rules for termination of grants and cooperative agreements is 2 CFR 200.340.

41. Performance progress reports and final report submission

The subrecipient agrees to provide OVW with specific information regarding subawards ("subgrants") made under this award. The subrecipient agrees to submit an annual report that includes: a) an assessment of whether stated goals and objectives were achieved; b) information on the effectiveness of activities carried out with grant funds, including the number of persons served and the number of persons seeking services who could not be served; c) information on each subaward made; and d) such other information as OVW may prescribe.

Subrecipients are required to submit this report after the end of each calendar year but no later than March 15th each year. Recipients and subrecipients must use the designated forms and/or systems made available by OVW for performance reporting, which identify the information that recipients and subrecipients must collect and report as a condition of receiving funding under this award.

42. Subrecipient program income

Program income, as defined by 2 C.F.R. 200.1, means gross income earned by a non-federal entity that is directly generated by a supported activity or earned as a result of the federal award during the period of performance. Without prior approval, program income must be deducted from total allowable costs to determine the net allowable costs.

In order to add program income to a subaward, subrecipients must seek approval from the NHDOJ prior to generating any program income. Any program income added to a subaward must be used to support activities that were approved in the budget and follow the conditions of the subaward agreement. Any program income approved by the NHDOJ Grants Management Unit must be reported by the subrecipient to the NHDOJ Grants Management Unit so that it is reported on the quarterly Federal Financial Report (SF-425) in accordance with the addition alternative. If the program income amount changes (increases or decreases) during the project period, the subrecipient must provide approval by the end of the project period.

Failure to comply with these requirements may result in audit findings for both the recipient and the subrecipient.

43. Subrecipient product monitoring

The subrecipient agrees to be monitored to ensure that materials and products (written, visual, or sound) developed with OVW formula grant program funding fall within the scope of the grant program and do not compromise victim safety.

44. Publications disclaimer for STOP Formula subrecipients

The subrecipient agrees that all materials and publications (written, web-based, audio-visual, or any other format) resulting from subaward activities shall contain the following statement:

"This project was supported by Subgrant No._____awarded by the state administering office for the Office on Violence Against Women, U.S. Department of Justice's STOP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice."

45. Copyrighted works

Pursuant to 2 C.F.R. 200.315(b), the recipient may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under this award. OVW reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work, in whole or in part (including in the creation of derivative works), for federal purposes, and to authorize others to do so.

OVW also reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, in whole or in part (including in the creation of derivative works), any work

developed by a subrecipient ("subgrantee") of this award, for federal purposes, and to authorize others to do so.

In addition, the recipient (or subrecipient, contractor, or subcontractor of this award at any tier) must obtain advance written approval from the OVW program manager assigned to this award, and must comply with all conditions specified by the program manager in connection with that approval, before: 1) using award funds to purchase ownership of, or a license to use, a copyrighted work; or 2) incorporating any copyrighted work, or portion thereof, into a new work developed under this award.

It is the responsibility of the recipient (and of each subrecipient, contractor, or subcontractor as applicable) to ensure that this condition is included in any subaward, contract, or subcontract under this award.

46. Consultant compensation rates

The subrecipient acknowledges that consultants paid with award funds generally may not be paid at a rate in excess of $81.25 per hour, not to exceed $650 per day. To exceed this specified maximum rate, recipients must submit to OVW a detailed justification and have such justification approved by OVW, prior to obligation or expenditure of such funds.

Issuance of this award or approval of the award budget alone does not indicate approval of any consultant rate in excess of $81.25 per hour, not to exceed $650 per day. Although prior approval is not required for consultant rates below this specified maximum rate, subrecipients are required to maintain documentation to support all daily or hourly consultant rates.

47. Ongoing compliance with statutory certifications

The subrecipient agrees that compliance with the statutory certification requirements is an ongoing responsibility during the award period and that, at a minimum, a hold may be placed on the subrecipient's funds for noncompliance with any of the requirements of 34 U.S.C. § 10449 (regarding rape exam payments), 34 U.S.C. § 10449(e) (regarding judicial notification), 34 U.S.C. § 10450 (regarding certain fees and costs), and 34 U.S.C. § 10451 (regarding polygraphing of sexual assault victims), and 34 U.S.C. 10454 (regarding victim-center prosecution), and 34 U.S.C. 10446(d)(6)(regarding award conditions).

Non-compliance with any of the foregoing may also result in termination or suspension of the grant or other remedial measures, in accordance with applicable laws and regulations.

48. Requirements for subrecipients providing legal assistance

The subrecipient agrees that the legal assistance eligibility requirements, as set forth below, are a continuing obligation on the part of the subrecipient. The legal assistance eligibility requirements are:

(1) any person providing legal assistance through a program funded under this grant program

(A) has demonstrated expertise in providing legal assistance to victims of domestic violence, dating violence, sexual assault, or stalking in the targeted population; or
(B) (i) is partnered with an entity or person that has demonstrated expertise described in subparagraph (A); and (ii) has completed or will complete training in connection with domestic violence, dating violence, stalking, or sexual assault and related legal issues, including training on evidence-based risk factors for domestic and dating violence homicide;

(2) any training program conducted in satisfaction of the requirement of paragraph (1) has been or will be developed with input from and in collaboration with a state, local, territorial, or tribal domestic violence, dating violence, sexual assault, or stalking victim
service provider or coalition, as well as appropriate state, local, territorial, and tribal law enforcement officials;

(3) any person or organization providing legal assistance through this grant program has informed and will continue to inform state, local, territorial, or tribal domestic violence, dating violence, stalking, or sexual assault programs and coalitions, as well as appropriate state and local law enforcement officials of their work; and

(4) the recipient's organizational policies do not require mediation or counseling involving offenders and victims physically together, in cases where sexual assault, dating violence, domestic violence, or child sexual abuse is an issue. The recipient also agrees to ensure that any subrecipient ("subgrantee") at any tier will comply with this condition.

50. Due to significant limitations and regulatory differences set forth by Violence Against Women Act Reauthorization Act of 2022, P.L. 117-103, funding received from federal fiscal year 2023 STOP Violence Against Women Act formula grant, and federal fiscal years thereafter, must not be commingled with STOP Violence Against Women Act funding from the 2022 federal fiscal funding or preceding federal fiscal years.

EXHIBIT B

-SCOPE OF SERVICES-

1. The Subrecipient shall receive a subgrant from the New Hampshire Department of Justice (DOJ) as the State Agency for expenses incurred and services provided for victims of sexual assault, domestic violence, dating violence, and stalking.

2. The Subrecipient shall be reimbursed by the DOJ based on budgeted expenditures described in Exhibit C. The Subrecipient shall submit incurred expenses for reimbursement on the state approved expenditure reporting form as provided. Expenditure reports shall be submitted on a quarterly basis, within fifteen (15) days following the end of the current quarterly activities. Expenditure reports submitted later than thirty (30) days following the end of the quarter will be considered late and out of compliance. *For example, with an award that begins on January 1, the first quarterly report is due on April 15th or 15 days after the close of the first quarter ending on March 31*.

3. Subrecipient is required to maintain supporting documentation for all grant expenses both state funds and match if provided and to produce those documents upon request of this office or any other state or federal audit authority. Grant project supporting documentation shall be maintained for at least seven (7) years after the close of the Federal Grant.

4. Subrecipient shall be subject to periodic desk audits and program reviews by DOJ. Such desk audits and program reviews shall be scheduled with Subrecipient and every attempt shall be made by Subrecipient to accommodate the schedule.

5. All correspondence and submittals shall be directed to:
   NH Department of Justice
   Grants Management Unit
   1 Granite Place, South
   Concord, NH 03301
   (603) 271-8091or travis.n.teeboom@doj.nh.gov

EXHIBIT C

- PAYMENT TERMS-

1. The Subrecipient shall receive reimbursement in exchange for approved expenditure reports as described in EXHIBIT B.

2. The Subrecipient shall be reimbursed within thirty (30) days following the DOJ's approval of expenditures. Said payment shall be made to the Subrecipient's account receivables address per the Financial System of the State of New Hampshire.

3. The State's obligation to compensate the Subrecipient under this Agreement shall not exceed the price limitation set forth in form G-1 section 1.8.

   3a. The Subrecipient shall be awarded an amount not to exceed $30,000 of the total Grant Limitation from Governor and Council approval or 1/1/2025, whichever is later, to 12/31/2025, with approved expenditure reports. This shall be contingent on continued federal funding and program performance.

   3b. With sufficient reason and under limited circumstances, the Subrecipient may apply for an extension of the grant period for up to the end of the federal grant end date, not after. No extension is granted until approval is received by DOJ in writing.

4. Neither the Subrecipient nor DOJ will be responsible for any expenses or costs incurred under this agreement prior to Governor and Council approval, or after 12/31/2025, unless a grant extension is approved in writing by DOJ.

Initials:_____
Date:_____

EXHIBIT D

-EEOP REPORTING, CIVIL RIGHTS COMPLIANCE AND STANDARD ASSURANCES-

I, _____[*responsible official*], certify that the Office of the City Solicitor, Manchester, NH [Sub*recipient*] has completed the EEO reporting tool certification within the last two years at: **https://ojp.gov/about/ocr/faq_eeop.htm** on _____ [*date*]

It is understood that subrecipients which are exempt from filing the EEOP Utilization Report including non-profits and subrecipients with less than 50 employees must file a declaration claiming exemption at least once every two years with the Office for Justice Programs; Office of Civil Rights at the above web address.

EEOP Training Requirements for Subrecipients

_____[*official that completed training*] has completed

the EEOP training at https://ojp.gov/about/ocr/ocr-training-videos/video-ocr-training.htm on:

_____[*date*]. The EEOP training must be completed at least once every two years.

DOJ Discrimination Complaint Process

If individuals believe they may have been discriminated against by the NH Department of Justice or by an organization that receives federal funding from the NH Department of Justice based on their race, color, national origin, religion, sex, disability, age, sexual orientation or gender identity should print and complete a complaint form that can be found at: Civil Rights | Grants Management Unit | NH Department of Justice

Subrecipient Discrimination Complaint Process

I further certify that the Office of the City Solicitor, Manchester, NH [*Subrecipient*] will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services and has a policy or written procedure in place for accepting discrimination-based complaints from employees and program beneficiaries and that policy/procedure must be made publicly available to program beneficiaries or prospective beneficiaries.

Initials:_____

Date:_____

EXHIBIT D

Certified Standard Assurances

On behalf of the Subrecipient, and in support of this application for a grant or cooperative agreement, I certify under penalty of perjury to the U.S. Department of Justice ("Department"), that all of the following are true and correct:

(1) I have the authority to make the following representations on behalf of myself and the Subrecipient. I understand that these representations will be relied upon as material in any Department decision to make an award to the Subrecipient based on its application.

(2) I certify that the Subrecipient has the legal authority to apply for the federal assistance sought by the application, and that it has the institutional, managerial, and financial capability (including funds sufficient to pay any required non-federal share of project costs) to plan, manage, and complete the project described in the application properly.

(3) I assure that, throughout the period of performance for the award (if any) made by the Department based on the application—

a. the Subrecipient will comply with all award requirements and all federal statutes and regulations applicable to the award;
b. the Subrecipient will require all subrecipients to comply with all applicable award requirements and all applicable federal statutes and regulations; and
c. the Subrecipient will maintain safeguards to address and prevent any organizational conflict of interest, and also to prohibit employees from using their positions in any manner that poses, or appears to pose, a personal or financial conflict of interest.

(4) The Subrecipient understands that the federal statutes and regulations applicable to the award (if any) made by the Department based on the application specifically include statutes and regulations pertaining to civil rights and nondiscrimination, and, in addition—

a. the Subrecipient understands that the applicable statutes pertaining to civil rights will include section 601 of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794); section 901 of the Education Amendments of 1972 (20 U.S.C. § 1681); and section 303 of the Age Discrimination Act of 1975 (42 U.S.C. § 6102);
b. the Subrecipient understands that the applicable statutes pertaining to nondiscrimination may include section 809(c) of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. § 10228(c)); section 1407(e) of the Victims of Crime Act of 1984 (34 U.S.C. § 20110(e)); section 299A(b) of the Juvenile Justice and Delinquency Prevention Act of 2002 (34 U.S.C. § 11182(b)); and that the grant condition set out at section 40002(b)(13) of the Violence Against Women Act (34 U.S.C. § 12291(b)(13)), which will apply to all awards made by the Office on Violence Against Women, also may apply to an award made otherwise;

Initials:_____
Date:_____

c. the Subrecipient understands that it must require any pass-through subrecipient to comply with all such applicable statutes (and associated regulations); and
d. on behalf of the Subrecipient, I make the specific assurances set out in 28 C.F.R. §§ 42.105 and 42.204.

(5) The Subrecipient also understands that (in addition to any applicable program-specific regulations and to applicable federal regulations that pertain to civil rights and nondiscrimination) the federal regulations applicable to the award (if any) made by the Department based on the application may include, but are not limited to, 2 C.F.R. Part 2800 (the DOJ "Part 200 Uniform Requirements") and 28 C.F.R. Parts 22 (confidentiality - research and statistical information), 23 (criminal intelligence systems), 38 (regarding faith-based or religious organizations participating in federal financial assistance programs), and 46 (human subjects protection).

(6) I assure that the Subrecipient will assist the Department as necessary (and will require subrecipients and contractors to assist as necessary) with the Department's compliance with section 106 of the National Historic Preservation Act of 1966 (54 U.S.C. § 306108), the Archeological and Historical Preservation Act of 1974 (54 U.S.C. §§ 312501-312508), and the National Environmental Policy Act of 1969 (42 U.S.C. §§ 4321-4335), and 28 C.F.R. Parts 61 (NEPA) and 63 (floodplains and wetlands).

(7) I assure that the Subrecipient will give the Department and the Government Accountability Office, through any authorized representative, access to, and opportunity to examine, all paper or electronic records related to the award (if any) made by the Department based on the application.

(8) If this application is for an award from the National Institute of Justice or the Bureau of Justice Statistics pursuant to which award funds may be made available (whether by the award directly or by any subaward at any tier) to an institution of higher education (as defined at 34 U.S.C. § 10251(a)(17)), I assure that, if any award funds actually are made available to such an institution, the Subrecipient will require that, throughout the period of performance—

a. each such institution comply with any requirements that are imposed on it by the First Amendment to the Constitution of the United States; and
b. subject to par. a, each such institution comply with its own representations, if any, concerning academic freedom, freedom of inquiry and debate, research independence, and research integrity, at the institution, that are included in promotional materials, in official statements, in formal policies, in applications for grants (including this award application), for accreditation, or for licensing, or in submissions relating to such grants, accreditation, or licensing, or that otherwise are made or disseminated to students, to faculty, or to the general public.

(9) I assure that, if the Subrecipient is a governmental entity, with respect to the award (if any) made by the Department based on the application—

a. it will comply with the requirements of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C §§ 4601-4655), which govern the treatment of persons displaced as a result of federal and federally-assisted programs; and
b. it will comply with requirements of 5 U.S.C. §§ 1501-1508 and 7324-7328, which limit certain political activities of State or local government employees whose principal employment is in connection with an activity financed in whole or in part by federal assistance.

(10) If the Subrecipient applies for and receives an award from the Office of Community Oriented Policing Services (COPS Office), I assure that as required by 34 U.S.C. § 10382(c)(11), it will, to the extent practicable and consistent with applicable law--including, but not limited to, the Indian Self-Determination and Education Assistance Act--seek, recruit, and hire qualified members of racial and ethnic minority groups and qualified women in order to further effective law enforcement by increasing their ranks within the sworn positions, as provided under 34 U.S.C. § 10382(c)(11).

(11) If the Subrecipient applies for and receives a DOJ award under the STOP School Violence Act program, I assure as required by 34 U.S.C. § 10552(a)(3), that it will maintain and report such data, records, and information (programmatic and financial) as DOJ may reasonably require.

I acknowledge that a materially false, fictitious, or fraudulent statement (or concealment or omission of a material fact) in this certification, or in the application that it supports, may be the subject of criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1621, and/or 34 U.S.C. §§ 10271-10273), and also may subject me and the Subrecipient to civil penalties and administrative remedies for false claims or otherwise (including under 31 U.S.C. §§ 3729-3730 and 3801-3812). I also acknowledge that the Department's awards, including certifications provided in connection with such awards, are subject to review by the Department, including by its Office of the Inspector General.

Name of Authorized Signor	Title of Authorized Signor
Signature	Date

EXHIBIT E

-NON-SUPPLANTING CERTIFICATION -

Supplanting defined

Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting shall be the subject of application review, as well as pre-award review, post-award monitoring, and audit. If there is a potential presence of supplanting, the Subrecipient or grantee will be required to supply documentation demonstrating that the reduction in non-Federal resources occurred for reasons other than the receipt or expected receipt of Federal funds. For certain programs, a written certification may be requested by the awarding agency or recipient agency stating that Federal funds will not be used to supplant State or local funds. See the OJP Financial Guide (Part II, Chapter 3) http://www.ojp.usdoj.gov/financialguide/part2/part2chap3.htm.

Supplanting and job retention

A recipient or subrecipient may use federal funds to retain jobs that, without the use of the federal money, would be lost. If the grantee is planning on using federal funds to retain jobs, it must be able to substantiate that, without the funds, the jobs would be lost. Substantiation can be, but is not limited to, one of the following forms: an official memorandum, official minutes of a county or municipal board meeting or any documentation, that is usual and customarily produced when making determinations about employment. The documentation must describe the terminated positions and that the termination is because of lack of the availability of State or local funds.

The Office of the City Solicitor, Manchester, NH (Subrecipient) certifies that any funds awarded through **grant number 2025VAW07** shall be used to supplement existing funds for program activities and will not replace (supplant) nonfederal funds that have been appropriated for the purposes and goals of the grant.

The Office of the City Solicitor, Manchester, NH (Subrecipient) understands that supplanting violations may result in a range of penalties, including but not limited to suspension of future funds under this program, suspension or debarment from federal grants, recoupment of monies provided under this grant, and civil and/or criminal penalties.

Printed Name and Title of Authorized Signor:_____

Signature:_____ Date_____

Initials:_____
Date:_____

EXHIBIT F

NEW HAMPSHIRE DEPARTMENT OF JUSTICE

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Subrecipients should refer to the regulations cited below to determine the certification to which they are required to attest. Subrecipients should also review the instructions for certification included in the regulations before completing this form. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the U.S. Department of Justice ("Department") determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING
As required by 31 U.S.C. § 1352, as implemented by 28 C.F.R. Part 69, the Subrecipient certifies and assures (to the extent applicable) the following:
(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If the Subrecipient's request for Federal funds is in excess of $100,000, and any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal grant or cooperative agreement, the Subrecipient shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities" in accordance with its (and any DOJ awarding agency's) instructions; and

(c) The Subrecipient shall require that the language of this certification be included in the award documents for all subgrants and procurement contracts (and their subcontracts) funded with Federal award funds and shall ensure that any certifications or lobbying disclosures required of recipients of such subgrants and procurement contracts (or their subcontractors) are made and filed in accordance with 31 U.S.C. § 1352.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

Initials:_____
Date:_____

EXHIBIT F

A. Pursuant to Department regulations on nonprocurement debarment and suspension implemented at 2 C.F.R. Part 2867, and to other related requirements, the Subrecipient certifies, with respect to prospective participants in a primary tier "covered transaction," as defined at 2 C.F.R. § 2867.20(a), that neither it nor any of its principals—
(a) is presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) has within a three-year period preceding this application been convicted of a felony criminal violation under any Federal law, or been convicted or had a civil judgment rendered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, tribal, or local) transaction or private agreement or transaction;

violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion or receiving stolen property, making false claims, or obstruction of justice, or commission of any offense indicating a lack of business integrity or business honesty that seriously and directly affects its (or its principals') present responsibility;

(c) is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, tribal, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and/or

(d) has within a three-year period preceding this application had one or more public transactions (Federal, State, tribal, or local) terminated for cause or default.

B. Where the Subrecipient is unable to certify to any of the statements in this certification, it shall attach an explanation to this application. Where the Subrecipient or any of its principals was convicted, within a three-year period preceding this application, of a felony criminal violation under any Federal law, the Subrecipient also must disclose such felony criminal conviction in writing to the Department (for OJP Subrecipients, to OJP at Ojpcompliancereporting@usdoj.gov; for OVW Subrecipients, to OVW at OVW.GFMD@usdoj.gov; or for COPS Subrecipients, to COPS at AskCOPSRC@usdoj.gov), unless such disclosure has already been made.

3. FEDERAL TAXES

A. If the Subrecipient is a corporation, it certifies either that (1) the corporation has no unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, or

Initials:_____
Date:_____

(2) the corporation has provided written notice of such an unpaid tax liability (or liabilities) to the Department (for OJP

Subrecipients, to OJP at Ojpcompliancereporting@usdoj.gov; for OVW Subrecipients, to OVW at OVW.GFMD@usdoj.gov; or for COPS Subrecipients, to COPS at AskCOPSRC@usdoj.gov).

B. Where the Subrecipient is unable to certify to any of the statements in this certification, it shall attach an explanation to this application.

4. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, as implemented at 28 C.F.R. Part 83, Subpart F, for grantees, as defined at 28 C.F.R. §§ 83.620 and 83.650:
A. The Subrecipient certifies and assures that it will, or will continue to, provide a drug-free workplace by—

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in its workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about—

(1) The dangers of drug abuse in the workplace;

(2) The Subrecipient's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the award be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the award, the employee will —

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of the employee's conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

EXHIBIT F

(e) Notifying the Department, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title of any such convicted employee to the Department, as follows:

For COPS award recipients - COPS Office, 145 N Street, NE, Washington, DC, 20530;
For OJP and OVW award recipients - U.S. Department of Justice, Office of Justice Programs, ATTN: Control Desk, 810 7th Street, N.W., Washington, D.C. 20531.

Notice shall include the identification number(s) of each affected award;
(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

(g)Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

If you are unable to sign this certification, you must attach an explanation to this certification.

_____ _____

Name of Authorized Signor Title of Authorized Signor

_____ _____

Signature Date

_____

Name and Address of Agency

Initials:_____
Date:_____

EXHIBIT G

Certification Regarding the Federal Funding Accountability and Transparency Act (FFATA) Compliance

The Federal Funding Accountability and Transparency Act (FFATA) requires Subrecipients of individual Federal grants equal to or greater than $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), DOJ must report the following information for any grant award subject to the FFATA reporting requirements:

1) Name of entity
2) Amount of award
3) Funding agency
4) NAICS code for contracts / CFDA program number for grants
5) Program source
6) Award title descriptive of the purpose of the funding action
7) Location of the entity
8) Principle place of performance
9) Unique identifier of the entity (SAM #)
10) Total compensation and names of the top five executives if:
    a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than $25M annually and
    b. Compensation information is not already available through reporting to the SEC.

Subrecipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Subrecipient identified in Section 1.3 of the Grant Agreement agrees to comply with the provisions of the Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), and further agrees to have one of the Subrecipient's representative(s), as identified in Sections 1.11 of the Grant Agreement execute the following Certification:

The below named Subrecipient agrees to provide needed information as outlined above to DOJ and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Initials:_____

Date:_____

EXHIBIT G
Certification

Name of Authorized Signor	Title of Authorized Signor
Signature	Date

As the Subrecipient identified in Section 1.3 of the Grant Agreement, I certify that the responses to the below listed questions are true and accurate.

1. The Unique Entity ID (SAM) number for your entity is: Z93ZBNUC43X8

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

_____NO _____YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

_____NO _____YES

If the answer to #3 above is YES, stop

If the answer to #3 above is NO, please answer the following:

5. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Initials:_____
Date:_____

EXHIBIT G

Certification

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Initials:_____

Date:_____

U.S. Department of Justice
Office on Violence Against Women

Acknowledgement of Notice of Statutory Requirement to Comply with the Confidentiality and Privacy Provisions of the Violence Against Women Act, as Amended

Under section 40002(b)(2) of the Violence Against Women Act, as amended (34 U.S.C. 12291(b)(2)), grantees and subgrantees with funding from the Office on Violence Against Women (OVW) are required to meet the following terms with regard to nondisclosure of confidential or private information and to document their compliance. By signature on this form, applicants for grants from OVW are acknowledging that that they have notice that, if awarded funds, they will be required to comply with this provision, and will mandate that subgrantees, if any, comply with this provision, and will create and maintain documentation of compliance, such as policies and procedures for release of victim information, and will mandate that subgrantees, if any, will do so as well.

(A) **In general**
In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families, grantees and subgrantees under this subchapter shall protect the confidentiality and privacy of persons receiving services.

(B) **Nondisclosure**
Subject to subparagraphs (C) and (D), grantees and subgrantees shall not—
(i) disclose, reveal, or release any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs, regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected; or
(ii) disclose, reveal, or release individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of legal incapacity, a court-appointed guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, incapacitated person, or the abuser of the other parent of the minor.

Initials:_____
Date:_____

If a minor or a person with a legally appointed guardian is permitted by law to receive services without the parent's or guardian's consent, the minor or person with a guardian may release information without additional consent.

(C) **Release**
If release of information described in subparagraph (B) is compelled by statutory or court mandate—
(i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information; and
(ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

(D) **Information sharing**
(i) Grantees and subgrantees may share—
(I) nonpersonally identifying data in the aggregate regarding services to their clients and nonpersonally identifying demographic information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements;
(II) court-generated information and law enforcement-generated information contained in secure, governmental registries for protection order enforcement purposes; and
(III) law enforcement-generated and prosecution-generated information necessary for law enforcement and prosecution purposes.
(ii) In no circumstances may—
(I) an adult, youth, or child victim of domestic violence, dating violence, sexual assault, or stalking be required to provide a consent to release his or her personally identifying information as a condition of eligibility for the services provided by the grantee or subgrantee;
(II) any personally identifying information be shared in order to comply with Federal, tribal, or State reporting, evaluation, or data collection requirements, whether for this program or any other Federal, tribal, or State grant program.

(E) **Statutorily mandated reports of abuse or neglect**
Nothing in this section prohibits a grantee or subgrantee from reporting suspected abuse or neglect, as those terms are defined and specifically mandated by the State or tribe involved.

(F) **Oversight**
Nothing in this paragraph shall prevent the Attorney General from disclosing grant activities authorized in this Act to the chairman and ranking members of the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate exercising Congressional oversight authority. All disclosures shall protect confidentiality and omit personally identifying information, including location information about individuals.

(G) **Confidentiality assessment and assurances**
Grantees and subgrantees must document their compliance with the confidentiality and privacy provisions required under this section.

(H) **Death of the party whose privacy had been protected**
In the event of the death of any victim whose confidentiality and privacy is required to be protected under this subsection, grantees and subgrantees may share personally identifying

information or individual information that is collected about deceased victims being sought for a fatality review to the extent permitted by their jurisdiction's law and only if the following conditions are met:

(i) The underlying objectives of the fatality review are to prevent future deaths, enhance victim safety, and increase offender accountability.

(ii) The fatality review includes policies and protocols to protect identifying information, including identifying information about the victim's children, from further release outside the fatality review team.

(iii) The grantee or subgrantee makes a reasonable effort to get a release from the victim's personal representative (if one has been appointed) and from any surviving minor children or the guardian of such children (but not if the guardian is the abuser of the deceased parent), if the children are not capable of knowingly consenting.

(iv) The information released is limited to that which is necessary for the purposes of the fatality review.

_____

As the duly authorized representative of the applicant, I hereby acknowledge that the applicant has received notice that if awarded funding they will comply with the above statutory requirements. This acknowledgement shall be treated as a material representation of fact upon which the Department of Justice will rely if it determines to award the covered transaction, grant, or cooperative agreement.

_____

Typed Name of Authorized Representative Title

Telephone Number_____

_____

Signature of Authorized Representative Date Signed

_____

Agency Name

Initials:_____

Date:_____

EXHIBIT I

PROSECUTOR ELIGIBILITY CERTIFICATION
PURSUANT TO 34 U.S.C. § 10454

I, _____, the _____ of _____
[NAME OF RESPONSIBLE OFFICIAL] *[OFFICIAL'S TITLE]* *[NAME OF PROSECUTING ENTITY]*
hereby certify that the _____, as a prosecuting entity of the New
[NAME OF PROSECUTING ENTITY]
Hampshire Department of Justice's STOP Violence Against Women Funding (VAWA) Grant Program, that this office will, during the 2-year period after the start of this subaward, as approved by Governor and Executive Council of the State of New Hampshire, will engage in planning, developing, and implementing the following:

1. Training developed by experts in the field regarding victim-centered approaches in domestic violence, sexual assault, dating violence, and stalking cases;

2. Policies that support a victim-centered approach, informed by such training; and

3. Protocol outlining alternatives practices and procedures for material witness petitions and bench warrants, consistent with best practices, that shall be exhausted before employing material witness petitions and bench warrants to obtain victim-witness testimony in the investigation prosecution, and trial of a crime related to domestic violence, sexual assault, dating violence, and stalking of the victim in order to prevent victimization and trauma to the victim.

_____ _____
Printed Name of Responsible Official Title

_____ _____
Signature Date

Initials:_____
Date:_____

CITY OF MANCHESTER
PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use
Building Regulation
Code Enforcement
Community Improvement Program

Jeffrey D. Belanger, AICP
Director

Nicola Strong
Deputy Director – Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director – Building Regulations

MEMORANDUM

To: Alderman Chris Morgan
Chairman, CIP Committee

From: Jeffrey Belanger, AICP
Director, Planning and Community Development JDB

Date: November 25, 2024

Re: CIP #610023 2022/23 Winter Warming Station & Emergency Sheltering
Budget Correction

The Planning and Community Development Department is requesting that $10.00 of Affordable Housing Trust (AHT) funds be added to CIP #610023 in order to balance expenditures in the City's financial management system.

We have prepared the appropriate CIP amending resolution and budget authorization forms necessary to take this action in the event that the Committee and the Board of Mayor and Aldermen approve this request.

Your review of these documents and a recommendation to the full Board is respectfully requested.

One City Hall Plaza, Manchester, New Hampshire 03101
Phone: (603) 624-6450 Fax: (603) 624-6529
E-Mail: pcd@manchesternh.gov
www.manchesternh.gov

City of Manchester
New Hampshire

In the year Two Thousand and Twenty Four

A RESOLUTION

"Amending the FY2023 Community Improvement Program, authorizing and appropriating funds in the amount of Ten Dollars ($10) for the FY 2023 CIP 610023 2022/23 Winter Warming Station & Emergency Sheltering."

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2023 CIP as contained in the CIP budget; and

WHEREAS, the 2023 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to allocate AHT funding to support winter warming and emergency sheltering;

NOW, THEREFORE, be it resolved that the 2023 CIP be amended as follows:

By increasing:

FY 2023 610023 2022/23 Winter Warming Station & Emergency Sheltering - $10 AHT

Resolved, that this Resolution shall take effect upon its passage.

CIP BUDGET AUTHORIZATION

CIP#:	610023	Project Year:	2023	CIP Resolution:	5/17/2022
Title:	2022/23 Winter Warming Station & Emergency Sheltering			Amending Resolution:	12/17/2024
Administering Department	1269 Café			Revision:	#1

Project Description: Funding to support 1269 Café emergency winter overflow warming station and sheltering for chronically homeless people. Shelter will provide capacity for up to 82 people per night January - March 2023.

Federal Grants Federal Grant: No

Grant Executed:

Environmental Review Required: No

Completed:

Critical Events

1.	Project Initiation	7/1/2022
2.	Project Completion	6/30/2025
3.		
4.		
5.		
		6/30/2025

Line Item Budget	AHTF			TOTAL
Salaries and Wages	$0.00	$0.00	$0.00	$0.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$70,010.00	$0.00	$0.00	$70,010.00
TOTAL	**$70,010.00**	**$0.00**	**$0.00**	**$70,010.00**

Revisions: Revision #1 - Budget increased $10.00 (from $70,000 to $70,010) and extends project to 6/30/2025.

Comments:

Planning Department/Startup Form - 07/1/20 **$70,010.00**

CITY OF MANCHESTER
PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use
Building Regulation
Code Enforcement
Community Improvement Program

Jeffrey D. Belanger, AICP
Director

Nicola Strong
Deputy Director – Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director – Building Regulations

MEMORANDUM

To: Alderman Chris Morgan
Chairman, CIP Committee

From: Jeffrey Belanger, AICP
Director, Planning and Community Development

Date: November 25, 2024

Re: CIP #611023 2022 Lead-Based Paint Hazard Reduction Grant Program – Matching Funds

---

Attached we have submitted for the Committee's consideration an amending resolution that adds $35,000 of unprogrammed CDBG funds to the 2022 Lead-Based Paint Hazard Reduction Grant Program (Lead Program) to meet the City's $300,000 matching commitment.

For more than 20 years, the City of Manchester has been administered a Lead Hazard Reduction Grant with the goal of making homes lead safe and supporting families whose children have been affected by lead poisoning. In 2022, the City was awarded the most recent Lead Hazard Reduction Grant in the amount of $5.4 million from the U.S. Department of Housing and Urban Development (HUD). The goal of the current Grant program is to inspect 220 housing units and make 200 units lead safe.

The different types of funding that the Lead Program utilizes to support the overall goals of the Lead Program are: Lead Grant funds, Healthy Homes Supplemental funds (these dollars are also provided by HUD), property owner match dollars (property owners must provide a minimum 10% match of the overall cost of the project on their property), CDBG funds and the State of New Hampshire Lead Loan.

In applying for and receiving this Lead Grant award, the organization that is administering the grant must also provide match dollars in order to leverage the award provided. The City of Manchester throughout the lifetime of this grant expects to provide around $930,000 in match dollars, which come from a variety of different sources: salary and fringe for the individuals who help support the operations of the grant (CIP Financial Analyst, Grants Administration Manager, etc.), the office and parking spaces for the full-time Grant funded employees, property owner match, CDBG funds, our partnership with Amoskeag Health who provides low to no cost lead blood tests in their clinic, etc. The $35,000 additional CDBG

funds will help with achieving the City's match commitment of $300,000 of the $930,000 in matching funds.

Respectfully, I request that the Committee recommend the acceptance of this Amending Resolution and Budget Authorization Form to the full Board.

One City Hall Plaza, Manchester, New Hampshire 03101
Phone: (603) 624-6450 Fax: (603) 624-6529
E-Mail: pcd@manchesternh.gov

City of Manchester
New Hampshire

In the year Two Thousand and Twenty Four

A RESOLUTION

"Amending the FY2023 Community Improvement Program, authorizing and appropriating funds in the amount of Thirty-Five Thousand Dollars ($35,000) for the FY 2023 CIP 611023 2022 Lead-Based Paint Hazard Reduction Grant Program."

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2023 CIP as contained in the CIP budget; and

WHEREAS, the 2023 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Alderman wishes to allocate a portion of unprogrammed CDBG funds to be used for the City's required match within the 2022 Lead-Based Paint Hazard Reduction Grant Program;

NOW, THEREFORE, be it resolved that the 2023 CIP be amended as follows:

By increasing:

FY 2023 611023 2022 Lead-Based Paint Hazard Reduction Program - $35,000 CDBG

Resolved, that this Resolution shall take effect upon its passage.

CIP BUDGET AUTHORIZATION

CIP#:	611023	Project Year:	2023	CIP Resolution:	5/17/2022
Title:	2022 Lead-Based Paint Hazard Reduction Grant Program			Amending Resolution:	12/17/2024
Administering Department	Planning & Community Development			Revision:	#2

Project Description: Program to assist property owners with the elimination of lead based paint hazards. Lead hazards to be eliminated in a minimum of 200 housing units over a forty-eight month period.

Federal Grants — Federal Grant: Yes; Grant Executed:

Environmental — Review Required: Yes; Completed: Yes

Critical Events

1.	Program Initiation	11/15/2022
2.	Program Completion	12/31/2026
3.		
4.		
5.		
		12/31/2026

Line Item Budget

	FEDERAL	CDBG	OTHER	TOTAL
Salaries and Wages	$551,533.00	$0.00	$0.00	$551,533.00
Fringes	$332,000.00	$0.00	$0.00	$332,000.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$869,185.00	$0.00	$0.00	$869,185.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$2,400,000.00	$185,000.00	$300,000.00	$2,885,000.00
Other	$515,107.00	$0.00	$0.00	$515,107.00
TOTAL	**$4,667,825.00**	**$185,000.00**	**$300,000.00**	**$5,152,825.00**

Revisions:

Revision #1 - Increases CDBG budget $100,000 (from $50,000 to $150,000) 10-17-23.

Revision #2 - Increases CDBG budget $35,000 (from $150,000 to $185,000)

Comments: $4,667,825 of Federal Funding from U.S. Department of Housing and Urban Development Office of Healthy Homes and Lead Hazard Control; $150,000 of unprogrammed CDBG (City Match); $300,000 of Other funding from required Property Owner Match.

Planning Department/Startup Form - 07/1/20

$5,152,825.00

Timothy J. Clougherty
Public Works Director

Owen P. Friend-Gray, P.E.
Deputy Public Works Director

CITY OF MANCHESTER
Department of Public Works

November 20, 2024

Board of Mayor and Alderman
c/o CITY CLERKS OFFICE
One City Hall Plaza
Manchester, New Hampshire 03103

Attention: Alderman Chris Morgan
Chairman, CIP Committee

Subject: Grant Opportunity – NHDOT Transportation Alternatives Program (TAP) Round 5

Dear Alderman Morgan:

New Hampshire Department of Transportation (NHDOT) recently opened a new round of TAP grant funding. TAP funds are designated for use by municipalities and schools looking to construct smaller-scale transportation projects with a non-motorized user focus. A total of $30M (which includes the 80% federal portion and 20% local match) is available for this selection round, and applications are judged competitively against other proposed projects in our region. Through review of various City plans, such as the Master Plan 2021, and overall connectivity of the City's transportation network, the City has identified two projects that fit this description, that will bring significant value to the community. Those project locations include:

1. Livingston Park Connector - Livingston Park spans 131 acres and is home to athletic leagues, large community events, and offers a variety of recreational opportunities. However, the Park is bounded on the east and west sides by Union St and Hooksett Road (US Route 3), respectively, that have limited or disconnected bicycle and pedestrian infrastructure, and in combination with high vehicular speeds and/or volume, are not comfortable to ride or walk along. Improvements are proposed along Union St, from River Rd to Webster St (two miles), and Hooksett Rd, from Campbell St to Webster St (4,600 ft), and may include construction or delineation of bike lanes, sidewalks, multi-use (side) paths, crosswalks, and traffic calming elements. Estimated cost for this project is $2M, which includes the required $400,000 (20%) local match.

2. Valley Cemetery Downtown Connector - Valley Cemetery is an important part of the City's history, with burials dating back to the mid to late 1800s. The City regularly pursues improvements to the Cemetery in the hopes to make it a destination within the City. While the Cemetery is very close to the City's downtown, it remains disconnected by the lack of bicycle or pedestrian infrastructure and physical access into the facility. Improvements are proposed along Willow St, from Auburn St to Valley St (1,400 ft), and may include construction or delineation of bike lanes, sidewalks, and

crosswalks, retaining wall and fence upgrades, and a new access into the Cemetery. Estimated cost for this project is $1M, which includes the required $200,000 (20%) local match.

TAP grant award amounts are typically capped depending on the available funding and volume of interest conveyed during the solicitation process, and as such, the estimates may be adjusted if the cap is below the estimated costs. The scope of improvements would also be adjusted and/or prioritized accordingly.

Applications are due on January 24, 2025. We recommend the CIP Committee and Board of Mayor and Alderman vote to apply for this round of TAP funding. The application will be prepared and submitted by DPW.

Thanks for your consideration. We will be available for questions regarding this matter.

Sincerely,

Margarete A. Baldwin, P.E.
Engineering Project Manager

cc/ Tim Clougherty, Public Works Director
Owen Friend-Gray, Deputy Public Works Director

DERRYFIELD SCHOOL

DERRYFIELD SCHOOL

N

RIVER RD

UNION ST

ARAH ST
(MATCH TO OTHER SHEET)

NOT TO SCALE

LIVINGSTON PARK
CONNECTOR
MANCHESTER, NH

TRANSPORTATION
ALTERNATIVES
PROGRAM (ROUND 5)

11/15/2024

PROPOSED PROJECT AREA WITH LIMITED EXISTING BIKE/PED FACILITIES

EXISTING MAJOR ROUTE BIKE/PED NETWORK (OUTSIDE PROJECT AREA)

LIMIT OF PARK PROPERTY

ARAH ST
(MATCH TO OTHER SHEET)

CAMPBELL ST

UNION ST

HOOKSETT RD
(US ROUTE 3)

TRAILHEAD

TRAILHEAD

DORRS POND
AND NATURE
TRAILS

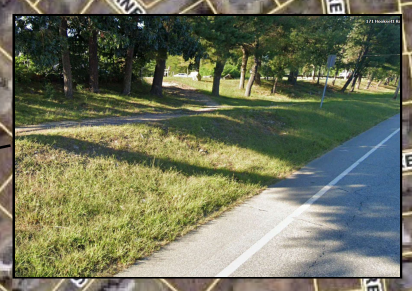
INFORMAL
ACCESS

INFORMAL
ACCESS

LIVINGSTON
PARK AND
GATSAS
ATHLETIC
COMPLEX

CLARKE ST

INFORMAL
ACCESS



WEBSTER ST

BEECH ST (NH
ROUTE 28)

MAPLE ST (NH
ROUTE 28)

NOT TO SCALE

LIVINGSTON PARK CONNECTOR MANCHESTER, NH

TRANSPORTATION ALTERNATIVES PROGRAM (ROUND 5)

11/15/2024

PROPOSED PROJECT AREA WITH LIMITED EXISTING BIKE/PED FACILITIES

EXISTING MAJOR ROUTE BIKE/PED NETWORK (OUTSIDE PROJECT AREA)

LIMIT OF PARK PROPERTY

N

SNHU ARENA

AUBURN ST

WILLOW ST

ELM ST (US ROUTE 3)

VALLEY CEMETERY

VALLEY ST

STANTON PARK

SHERIDAN-EMMETT PARK

PARKING LOT ACCESS WAY

GRANITE STREET

LAKE AVENUE

SPRUCE STREET

CEDAR STREET

AUBURN STREET

GREEN STREET

MERRILL STREET

HAYWARD STREET

ELM STREET

WILLOW STREET

PINE STREET

NOT TO SCALE

VALLEY CEMETERY MULTIMODAL IMPROVEMENTS MANCHESTER, NH

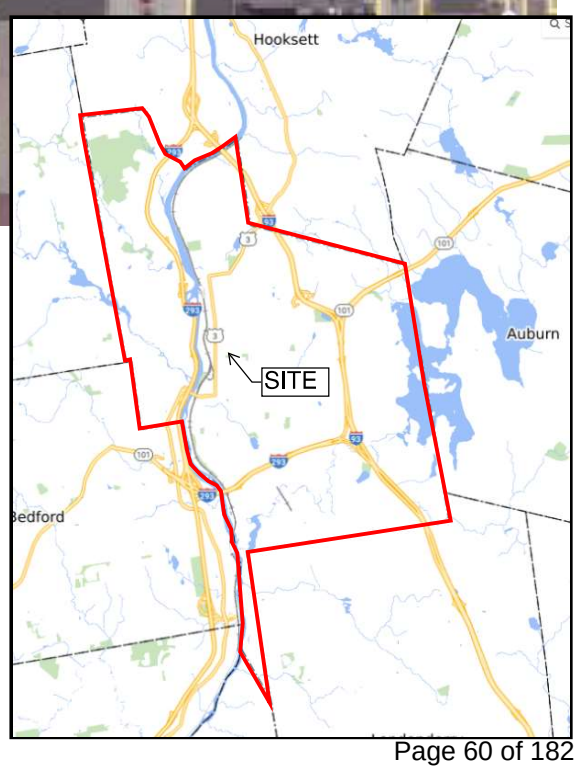
TRANSPORTATION ALTERNATIVES PROGRAM (ROUND 5)

11/15/2024

PROPOSED PROJECT AREA WITH LIMITED EXISTING BIKE/PED FACILITIES

EXISTING MAJOR ROUTE BIKE/PED NETWORK (OUTSIDE PROJECT AREA)

LIMIT OF PARK PROPERTY



CITY OF MANCHESTER
PLANNING AND COMMUNITY DEVELOPMENT

Planning and Zoning
Building Regulation
Code Enforcement
Community Improvement Program

Jeffrey D. Belanger, AICP
Director

Nicola Strong
Deputy Director – Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director Building Regulations

MEMORANDUM

To: Alderman Chris Morgan
Chair, CIP Committee

From: Jeffrey Belanger, AICP
Director of Planning and Community Development

Date: November 25, 2024

Re: American Rescue Plan Act Reporting, First Quarter of Fiscal Year 2025

This memorandum and its attachments constitute the Planning and Community Development Department's (PCD) report regarding expenditure of the City's American Rescue Plan Act (ARPA) funds during the first quarter of Fiscal Year 2025, which ended on September 30, 2024.

Enclosed with this memorandum is a spreadsheet that summarizes the status of all CIP projects funded by ARPA as of September 30. It shows that the City had obligated $43,255,005.64, which was all but $26,847.36 of the City's total $43,281,853.00 ARPA award from the U.S. Treasury. The City had expended $27,530,377.61 of ARPA funds, which was 63.6%, of the total award. Please note that the Board's recent vote on November 19 to reallocate $1,779,220.13 of ARPA funds resulted in the entirety of the City's ARPA award being obligated.

Also enclosed with this memorandum are reports from all recipients describing how they have used funds during the first quarter of FY25.

To update you on the status of positions funded by ARPA, as of September 30, seventeen positions were fully funded by ARPA, and another three positions were partially funded by ARPA. This is two fewer full-time positions and one fewer part-time position than were funded when PCD reported to you in July. The fully-funded positions include two Public Health Specialists, five Community Health Workers, two Community Health Nurses, one Police Officer, two Crime Analysts, one Emergency Management Coordinator, one Director of Homelessness Initiatives, one Homelessness Initiatives Coordinator, one Community Grants Administrator, and one Part Time Planner. The partially funded positions are two Public Health Specialists and one Community Grants Administrator. The two full-time positions that are no longer funded are a Code Enforcement Inspector from PCD and a Community Health Worker from the Health Department. The part-time position that is no longer funded is a Public Health Administrator from the Health Department.

PCD staff will be available at your next meeting to respond to any questions.

One City Hall Plaza, Manchester, New Hampshire 03101
Phone: (603) 624-6450 Fax: (603) 624-6529
E-Mail: pcd@manchesternh.gov
www.manchesternh.gov

City of Manchester ARPA Program Expenditures as of September 30, 2024

Project Number	Admin Department	Project Name	Original Amount Funded	Current Funded	Total Expended	Encumbered	Balance	Notes
212023	Department of Housing Stability	ARPA - Gatehouse TST Initiative	$ 150,000.00	$ 100,469.79	$ 100,469.79		$ 0.00	
212122	Health Department	ARPA - Healthy Food Access Strategic Plan & Implementation	$ 419,050.83	$ 412,404.00	$ 156,215.43		$ 256,188.57	
212222	Health Department	ARPA - Healthy Corner Stores Project	$ 624,300.83	$ 572,200.00	$ 217,383.17		$ 354,816.83	
212322	Health Department	ARPA - Community Health Worker Program	$ 6,515,340.79	$ 4,839,625.00	$ 1,955,259.24		$ 2,884,365.76	
212422	Planning & Community Development	ARPA - Ready, Set, LAUNCH	$ 1,073,839.20	$ 1,073,839.20	$ 383,426.93		$ 690,412.27	
310022	Planning & Community Development	ARPA - Job Resource Coaching & Higher Education Project	$ 3,000,000.00	$ 2,240,234.00	$ 772,642.13		$ 1,467,591.87	
410122	Police Department	ARPA - Law Enforcement Support for Violent Crime Reduct/Prev	$ 2,708,333.33	$ 2,708,333.33	$ 1,841,152.02		$ 867,181.31	
410125	Police Department	ARPA - Police Mental Health Clinician	$ 109,000.00	$ 109,000.00	$ 8,437.21		$ 100,562.79	
410222	Police Department	ARPA - ACERT Program	$ 2,272,156.25	$ 2,272,156.25	$ 1,115,154.42		$ 1,157,001.83	
410224	Police Department	ARPA - Crime Analysts	$ 450,000.00	$ 450,000.00	$ 204,328.05		$ 245,671.95	
410322	Office of the Mayor	ARPA - Director of Homelessness Initiatives	$ 710,847.36	$ 340,000.00	$ 26,531.27		$ 313,468.73	
410325	Police Department	Police ShotSpotter - Gunshot Detection	$ 163,000.00	$ 163,000.00	$ -		$ 163,000.00	
410422	Fire Department	ARPA - Emergency Management Coordinator	$ 601,518.80	$ 438,518.80	$ 357,580.96		$ 80,937.84	
410525	Police Department	ARPA - Park Enforcement	$ 500,000.00	$ 500,000.00	$ 40,263.62		$ 459,736.38	
510624	DPW-Parks, Rec & Cemeteries	ARPA - Bass Island Park Erosion Mitigation	$ 20,000.00	$ 20,000.00	$ 20,000.00		$ -	
511222	DPW-Parks, Rec & Cemeteries	ARPA - Park Rangers	$ 1,293,399.47	$ 793,399.47	$ 716,876.93	$ -	$ 76,522.54	
610024	Office of the Mayor	ARPA - Winter Emergency Shelter	$ 1,000,000.00	$ 1,149,530.21	$ 1,149,530.21		$ (0.00)	ARPA has a $0 balance. The projects total = (-$54,325.58) which is being addressed.
610324	Planning & Community Development	ARPA - Concentrated Code Enforcement 3	$ 330,000.00	$ 330,000.00	$ 73,190.87		$ 256,809.13	
610325	Office of the Mayor	ARPA - Beech Street Programs	$ 433,100.00	$ 433,100.00	$ 234,741.61	$ 72,000.00	$ 126,358.39	
610723	Lincoln Avenue Capital	ARPA - Residences at 351 Chestnut Street	$ 900,000.00	$ 900,000.00	$ 900,000.00		$ 0.00	
610724	Planning & Community Development	ARPA - Affordable/Supportive Housing Initiative	$ 3,000,000.00	$ -	$ -		$ -	
610823	Lincoln Avenue Capital	ARPA - Residences at 351 Chestnut Street (Merrimack St. Parcel)	$ 202,000.00	$ 2,137,483.00	$ 2,137,483.00		$ -	
611124	Planning & Community Development	ARPA - Brook Street Shelter Operations	$ 764,517.00	$ 664,517.00	$ 379,090.83		$ 285,426.17	
611224	Planning & Community Development	ARPA - MHRA Landlord Incentive Program	$ 300,000.00	$ 300,000.00	$ 233,289.58		$ 66,710.42	
611423	Office of the Mayor	ARPA - Homelessness Response & Emergency Shelter Operations	$ 398,000.00	$ 398,000.00	$ 398,000.00		$ -	
712222	DPW-Highway	ARPA - Neighborhood Environmental Improvement	$ 792,317.71	$ 692,317.71	$ 538,831.33	$ -	$ 153,486.38	
712322	DPW-Facilities	ARPA - City Hall Ventilation Upgrades	$ 727,499.00	$ 727,499.00	$ 727,322.00		$ 177.00	
712422	DPW-Facilities	ARPA - Rines Center Ventilation Upgrades	$ 350,000.00	$ 350,000.00	$ 350,000.00		$ -	
712522	DPW-Highway	ARPA - Clean Water State Revolving Fund Projects	$ 5,000,000.00	$ 3,980,000.00	$ 804,254.86	$ 91,791.70	$ 3,083,953.44	
712622	DPW-Highway	ARPA - Revenue Replacement - Roads & Sidewalks	$ 1,000,000.00	$ 1,000,000.00	$ 995,997.96	$ 32,711.74	$ (28,709.70)	DPW has indicated that the wrong account was charged and they are working to resolve this.
810324	Department of Housing Stability	ARPA - Coordinator	$ 100,000.00	$ 300,000.00	$ 89,202.71		$ 210,797.29	
810722	Planning & Community Development	ARPA - Planning and Administrative Support	$ 1,250,262.38	$ 850,262.38	$ 403,449.03		$ 446,813.35	
810724	Planning & Community Development	ARPA - Part Time Planner	$ 120,000.00	$ 120,000.00	$ 40,110.73		$ 79,889.27	
810822	Planning & Community Development	ARPA - Small Business Grants & Program Assistance	$ 2,000,000.00	$ 2,000,000.00	$ 1,825,804.31		$ 174,195.69	
810922	Economic Development	ARPA - Manchester Economic Development Office	$ 1,334,286.26	$ 342,107.71	$ 342,107.71		$ (0.00)	
811022	Economic Development	ARPA - Branding Strategy Modernization & Promotion	$ 2,000,000.00	$ 1,661,965.53	$ 317,319.33		$ 1,344,646.20	
811024	MEDO	ARPA - 12-Month Pilot Prog. for Cleaning, Maint. Safety & Hospitality Service	$ 415,000.00	$ 415,000.00	$ 267,929.75		$ 147,070.25	
811122	Planning & Community Development	ARPA - Community Event and Activation Grants	$ 1,000,000.00	$ 582,528.81	$ 519,486.64		$ 63,042.17	
811222	Planning & Community Development	ARPA -Affordable Housing Trust Fund - Affordable Housing RFP	$ 1,500,000.00	$ -	$ -		$ -	Original amount funded was $3,000,000. $1,500,000 was moved out of project and remaining $1,500,000 was divided into subprojects
811222	Planning & Community Development	ARPA -Affordable Housing Trust Fund - MHRA Acquisition/Rehab.	$ 1,000,000.00	$ 400,000.00	$ 400,000.00		$ -	
811222	Planning & Community Development	ARPA - Affordable Housing Trust Fund - MHRA Landlord Incentive	$ 500,000.00	$ 500,000.00	$ 500,000.00		$ (0.00)	
811322	Finance	ARPA - City Services Fee Waivers	$ 1,000,000.00	$ 593,484.38	$ 593,484.38		$ -	
811422	Finance	ARPA - Revenue Replacement (Budget)	$ 937,000.00	$ 5,394,030.07	$ 5,394,029.60		$ 0.47	
TOTALS			**$ 48,964,769.21**	**$ 43,255,005.64**	**$ 27,530,377.61**	**$ 196,503.44**	**$ 15,528,124.59**	

Notes:

1. Updated as of October 17, 2024
5. $26,847.36 of additional ARPA funds are currently unallocated

- ATTACHMENT G -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: 212122
Project Name: Healthy Food Access Strategic Plan & Implementation (EC 2.37)
Agency Name: Health Department
Prepared By: Gabriela Walder/Elaine Michaud **Contact Info:**
Reporting Period: 07/01/2024 to 9/30/2024

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 412,404.00**	Total Project Expenditure:	**$156,215.43**
Previous Quarter Obligation:	**$ 20,069.20**	Previous Quarter Expenditure:	**$ 20,069.20**
Current Quarter Obligation:	**$ 8,980.93**	Current Quarter Expenditure:	**$ 8,980.93**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started __X_ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	X	Households and populations residing in Qualified Census Tracts*
X	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)

	instruction for a significant period of time		
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on page 21

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: City of Manchester, NH

Address: 1 City Hall Plaza, Manchester, NH 03101

UEI #: WXMZXFFQG2C9 SAM #:

Award number & name: Healthy Food Access Strategic Plan & Implementation (EC 2.37)

Award date: August 2021

Award amount: $412,404 Award type:

Award payment method (reimbursable or lump sum payment(s)): Lump Sum (half of total award)

Primary place of performance: Manchester Health Department

Period of performance - Start date: August 2021 End date: December 2026

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

The creation of a healthy food access strategic plan and implementation fund focused on the HUD-defined Qualified Census Tracts are aligned with the expenditure category of 'Services to Disproportionately Impacted Communities' as it pertains to "households that experienced increased food and housing insecurity" and "investments in neighborhoods to promote improved health outcomes."

During this quarter, the Manchester Health Department (MHD) continued the implementation phase of the Healthy Food Access Plan, focusing on those short-term strategies to improve availability of and accessibility to healthy food and to support stability. Specifically, MHD and multiple community partners continued and completed their work on the following:

- Developed, created, and circulated the City's ***first annual Food Resource Guide***, including up-to-date information on food assistance, public food pantry locations and hours, community garden access, and nutrition education opportunities;
- Continued to collaborate with ***Manchester School District*** to provide ***$31,422 in funds*** to establish/improve the infrastructure for food pantries at seven (7) school locations, ***serving a total of approximately 1500 unique individuals*** during the school year;
- Arranged/completed funding support totaling ***$45,078.47*** for ***five (5) community partners - Manchester Boys & Girls Club, Families in Transition, YMCA of Downtown Manchester, Amoskeag Health, and the future Stebbins Community Center -*** to create/improve the infrastructure of their food pantries, ***serving a total of approximately 5,000 households annually;***
- Communicated with ***three (3) other community partners*** who serve Manchester residents who will request funding by December 1, 2024, to create/improve the infrastructure of their food pantries serving residents living in the Qualified Census Tracts;
- Collaborated with ***two (2) community partners*** to provide ***$8,800 funding*** for ***expansion of nutrition education*** classes to targeted populations, including ***teens and young adults, families, and older adults***.

QUARTERLY REPORTING INFORMATION

Project Number: 212222
Project Name: Healthy Corner Stores Project (EC 2.37)
Agency Name: Health Department
Prepared By: Gabriela Walder/Elaine Michaud **Contact Info:**
Reporting Period: 07/01/2024 to 9/30/2024

VI. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 572,200.00**	Total Project Expenditure:	**$217,383.17**
Previous Quarter Obligation:	**$ 35,085.59**	Previous Quarter Expenditure:	**$ 35,085.59**
Current Quarter Obligation:	**$ 30,616.07**	Current Quarter Expenditure:	**$ 30,616.07**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

VII. Project Status

___ Not Started _X_ Completed less than 50% ___ Completed 50% or more ___ Completed

VIII. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	x	Households and populations residing in Qualified Census Tracts*
x	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on page 21

IX. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: City of Manchester, NH

Address: 1 City Hall Plaza, Manchester, NH 03101

UEI #: WXMZXFFQG2C9 SAM #:

Award number & name: Community Health Worker Program (EC 2.19)

Award date: August 2021

Award amount: $ 572,200 Award type:

Award payment method (reimbursable or lump sum payment(s)): Lump Sum (half of total award)

Primary place of performance: Manchester Health Department

Period of performance - Start date: August 2021 End date: December 2026

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

X. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

During this quarter, through our community partner ORIS (Organization for Refugee and Immigrant Success) Fresh Start Farms, the program continues to work with ***two stores from Cohort 1*** (Dollar Deluxe and R & E Convenience), ***two stores from Cohort 2*** (TMC Convenience and La Bonne Semence), and the ***first store from Cohort 3*** (Himalayas). Produce sales from all stores this quarter totaled $3,285.33. The total sales of fresh produce by all corner stores since the onboarding of the first stores 22 months ago now ***exceeds $32,000.***

Each of the five stores this quarter were offered in-season local crops and provided technical assistance and support as they participated in ongoing food ordering and delivery. Arrangements have been made to ***ensure culturally appropriate specialty produce*** items will be made available for La Bonne Semence and Himalayas when in season.

The program goal is to expand the number of participating stores for 2024 (two more stores), 2025 (three stores), and 2026 (three stores). Outreach to ***two new stores - Parkside Convenience and Hanover Street Market*** – has been completed. Both of these stores are completing training and onboarding and will begin receiving produce deliveries by December 2024.

Initial efforts were made during this quarter to identify stores for consideration of participation in the program in 2025.

QUARTERLY REPORTING INFORMATION

Project Number: 212322
Project Name: Community Health Worker Program (EC 2.19)
Agency Name: Health Department
Prepared By: Gabriela Walder/Elaine Michaud **Contact Info:**
Reporting Period: 07/01/2024 to 09/30/2024

XI. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$4,839,625.00**	Total Project Expenditure:	**$1,955,259.24**
Previous Quarter Obligation:	**$ 204,874.35**	Previous Quarter Expenditure:	**$ 204,874.35**
Current Quarter Obligation:	**$ 228,300.94**	Current Quarter Expenditure:	**$ 228,300.94**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

XII. Project Status

___ Not Started _X__ Completed less than 50% ___ Completed 50% or more ___ Completed

XIII. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	x	Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on page 21

XIV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: City of Manchester, NH

Address: 1 City Hall Plaza, Manchester, NH 03101

UEI #: WXMZXFFQG2C9 SAM #:

Award number & name: Community Health Worker Program (EC 2.19)

Award date: August 2021

Award amount: $4,839,625 Award type:

Award payment method (reimbursable or lump sum payment(s)): Lump Sum (half of total award)

Primary place of performance: Manchester Health Department

Period of performance - Start date: December 2021 End date: December 2026

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

<u>Demographic Information (if applicable):</u>

Number of New (Unduplicated) Beneficiaries Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

The Public Health and Safety Team (PHAST) has continued to make a positive impact on the community and community members' overall well-being by ***connecting them with needed social services and available benefits.*** In addition to providing support to residents in their homes and neighborhoods, PHAST continues to increase access to their services by collaborating with other organizations supporting Manchester residents and having ***team members available on-site*** at the following partner locations:

- Manchester Police Department Crisis Response Unit (CRU): one day per week - Thursday (CHW in community with police officer to follow up on recently overdosed residents);
- Centro Latino: twice per week - Monday 10 am to 1 pm and Wednesday 3 pm to 5:30 pm.;

PHAST also continues its ***partnership and collaboration*** with:

- Manchester Police Department (MPD), providing response and support to residents contacting MPD for matters not involving safety/security issues;
- Meals on Wheels (MOW), providing wellness checks for Manchester MOW clients who do not respond when scheduled deliveries are made (formerly the responsibility of the MPD);
- Manchester Housing & Development Authority (MHRA), providing wellness checks, service coordination and other support to MHRA tenants.

Since the program's implementation in December 2021, the PHAST team has ***served 1177 community members,*** including ***149*** community members newly served this quarter, while the team continued to work with existing clients. Many clients are receiving assistance multiple times due to their needs**.** In the last year alone (since October 2022), PHAST members have had ***2,894 one-on-one encounters*** (***842*** this quarter) with both new and existing clients. From those interactions, ***2,426 referrals to external organizations (716 this quarter)*** for services and assistance were made. The purpose of these referrals included, but were not limited to, educational supports and services, financial needs, housing, health care referrals, food insecurity supports, and mental health support. The total number of ***MOW wellness checks*** PHAST has performed to date is ***393,*** with 60 this quarter. PHAST members joined the MPD's CRU one time per week, with one client and five frequent-callers follow up identified for this quarter.

PHAST members continue their community engagement efforts, having directly participated and attended in community events, including Wellness on Wheels, National Night Out, CelebratED, and Gossler School Open House.

The CHWs continue their professional development with one completing UNH's Building Futures Together program.

- ATTACHMENT F -
CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***212422***
Project Name: ***Ready, Set, LAUNCH***
Agency Name: ***Amoskeag Health***
Prepared By: ***Michelle Wnek/Heather Mckinnon*** **Contact Info:**
mwnek@AmoskeagHealth.org/ hmckinnon@amoskeaghealth.org
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Invoices and Expenditures

INVOICE DATE	INVOICE AMOUNT
June (submitted in July)	**$18,002.17**
July (submitted in August)	**$20,827.39**
August (submitted in September)	**$24,011.46**

QUARTER TOTAL
$62,841.02

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _X__ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this

project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

[1] For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.
[2] For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: Behavioral Health Improvement Institute Keene State College

Address: 5 Chenell Drive, Suite 301, Concord, NH 03301

UEI #: UDDNE26Q4JH1, DV3PJ2NRLKC5, and K7L3KXX4EV44 SAM #: K7L3KXX4EV44

Award number & name: Ready Set LAUNCH

Award date: 01/01/2022

Award amount: $159,525.00 Award type: Contract

Award payment method (reimbursable or lump sum payment(s)): fixed price contract/lump sum

Primary place of performance: remote/virtual

Period of performance - Start date: 01/01/2022 End date: 12/31/2026

Loan expiration date (expected to be paid in full): n/a

Quarterly obligation amount: $7,976.25

Quarterly expenditure amount: $10,635.00 (includes amounts in the June, July & August 2024 invoices submitted; June included a catch-up for 2 months)

Activity general description:

Demographic Information (if applicable):
Number of New (Unduplicated) Households Served This Period ___134_____

Male _73____ Female _60____ Elderly (>62 Y.O.) _____ Disabled _____

_105____ White
__1___ American Indian/Alaskan Native
__12___ Asian
__11___ African American
__0___ Native Hawaiian/Other Pacific Islander
___29__ Hispanic, Latino, Spanish (ethnicity, may identify as more than one racial group)
__1___ Other Multi-Racial
We had 6 cases with no race reported

I. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced
- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.
- Indicate if a program evaluation of the project is being conducted

In total, 134 infants were born this quarter; a slightly higher birth rate than the previous quarter. Each of these families were offered a home visit. Of those families, 70 initially consented to a home visit; this acceptance rate (52%) is lower than the previous quarter. Of those who consented, 22 received a home visit; this completion rate (31%) is higher than last quarter (20%) and lower than the average completion rate in 2023 (38%). An additional ten infants born in Q2 were provided a home visit Q3, for a grand total of 32 home visits provided this quarter.

Twenty-seven of the 32 families experienced hardship resulting in basic unmet needs. Sixteen families received brief navigator interventions. All twenty-seven families needed support with income or employment. Seven families were identified as needing support with finding housing, five with childcare, one with mental health, one family transportation, and one with community support.

During this quarter, planning occurred to expand the Ready Set LAUNCH program by introducing developmental screenings for cognitive and social-emotional development for infants aged 0-1 at our clinic. These screenings are intended to facilitate the assessment of infants' development and provide support to parents in comprehending their child's milestones. As part of these efforts, one staff member underwent training in the ASQ-3 and ASQ: SE-2 Training of Trainers (TOT) seminar, specifically designed for intermediate to advanced participants with experience in utilizing the screening tools to train staff within their respective organizations. Subsequent to this training, the staff member conducted training sessions for additional staff members on the completion of ASQ and ASQ-SE for caregivers of infants 0-1. Furthermore, promotional materials for the program were developed to engage caregivers with infants 0-1, encompassing our Ready Set LAUNCH home visiting program, caregivers with infants in the clinic, and participants not affiliated with Amoskeag Health or Ready Set LAUNCH. Internally, we collaborated with our data quality manager to establish reports in our EMR system for tracking ASQ for infants 0-1. With the assistance of our staff educator, training was conducted on the entry of ASQ reports into the system for tracking. Notably, two initial ASQs were completed during this quarter.

The dollar amount of the total project spending that is allocated towards evidence-based interventions

- Indicate if a program evaluation of the project is being conducted

We track RSL documentation, data, and performance metrics through a custom-built Quickbase database built by our external evaluator, the Behavioral Health Improvement Institute at Keene State College. Ready, Set, LAUNCH provided outreach to 134 newborns and their caregiver(s) between 7/1/24 and 9/30/24, with 70 (52%) consenting to a home visit. Twenty-two infants were born *and* received a home visit within the quarter. This quarter, 28% (n=9) of families that received a home visit resided within disproportionately impacted census tracts.

Thirty-two family needs assessments were conducted, resulting in 16 families receiving at least one brief navigator intervention (e.g. psychoeducation) and/or referral for additional professional services. This number includes needs assessments that were entered as part of the previous quarter's birth and home visit count. Across the thirty-two families, sixteen brief navigator interventions occurred, no crisis referrals, and sixty-four referrals for additional professional services were provided. Brief navigator interventions included psychoeducation around the baby blues, provision of hotline information, and infant crying. The referrals for additional professional services addressed the following needs: income and employment (49), home and housing (7), childcare (5) mental health (1), natural supports (1), and transportation (1). Referrals were made to partners at Amoskeag Health, Southern New Hampshire Services, Manchester Diaper Pantry, New Hampshire Food Bank and Centro Latino.

After completion of a home visit, all families are asked to complete the Caregiver Satisfaction Survey administered through Qualtrics via a text or email link. The survey was developed by our external evaluator and measures the respondent's experience of the home visit via 5-point Likert scale (1=Not at All, 5=Completely) and write-in responses. During this quarter, 17 families responded to the survey. The average score across all surveys and items was 4.95.

All families responded to an open-ended survey question about what was most helpful about the home visit. Most respondents answered that everything was helpful, resources were mentioned as the second most helpful, followed by learning about my community resources. Comments included, "I love that I am able to talk to them when I need to and they have been so understanding and helpful with everything that I need they have been a good support for me going through this process with my kids my depression and health and everything." Thirteen responded to a survey question about what would make the home visit better. Of those, most said nothing or simply a positive remark like, "it was great" or "visit was valuable."

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***310022***
Project Name: ***Job Resource Coaching & Higher Education Partnership (EC 2.7)***
Agency Name: ***Southern New Hampshire University***
Prepared By: ***Meredith Albuquerque*** **Contact Info: M.Albuquerque@snhu.edu**
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Invoices and Expenditures

INVOICE DATE	INVOICE AMOUNT
7/16/2024 (Paid 10/7/24)	**$25,663.00**

QUARTER TOTAL
$25,663.00

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _ __ Completed less than 50% _X__ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population

primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
X	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	X	Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: Duet, Inc

Address: 50 Milk St. 6th Floor, Boston, MA 02019

UEI #: SAM #:

Award number & name:

Award date:

Award amount: Award type:

Award payment method (reimbursable or lump sum payment(s)): Cost-Reimbursable

Primary place of performance: Boston, MA

Period of performance - Start date: 10/10/22 End date: 12/31/26

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $25,663

Quarterly expenditure amount: $

Activity general description: Scholarship

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period __0_
Male ___ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Overall number of students served by the Program
- Number/Percentage of students whose home residence is located on a Qualified Census Tract (addresses to be cross-referenced with Attachment G).
- Number of individuals participating in sectoral job training activities (by sector/major of study).

- Number of individuals completing sectoral job training activities (by sector/major of study).

	Overall Number of Students Served by Program	**47 (2 no longer at SNHU)** 23 SNHU 24 Duet
2.	**Number/Percentage of students whose home residence is located in a Qualified Census Tract**	11/47
3.	**Number of individuals participating in sectoral job training activities (by sector/major of study)**	Communication: 4 Creative Writing: 1 Ed for Licensure: 2 Psychology: 1 Business Administration: 23 Construction Management: 1 Computer Science: 3 Electrical Engineering: 1 Economics and Finance: 1 Game Art and Interactive Design: 3 Justice Studies: 3 Public Administration: 2 Mechanical Engineering: 1 Healthcare Management: 4
4.	**Number of individuals completing sectoral job training activities (by sector/ major of study)**	N/A

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***410122***
Project Name: ***Law Enforcement Support for Violent Crime Reduction/Prevention (EC 3.16)***
Agency Name: ***Police Department***
Prepared By: ***Lt. Patrick Houghton*** **Contact Info:** ***phoughton@manchesternh.gov***
Reporting Period: ***July 1, 2024 – Sept 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 2,708,333.33**	Total Project Expenditure:	**$1,841,152.02**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 140,103.17**
Current Quarter Obligation:	**$ 0.00**	Current Quarter Expenditure:	**$ 216,912.15**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started ___ Completed less than 50% _X__ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: $ Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Does this project include a capital expenditure and type of capital expenditure?
  - No
- Total expected capital expenditure, including pre-development costs, if applicable.
  - N/A
- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced.
  - Manchester Police conduct foot patrols in gun violence hot spot areas, all of which are in ARP Eligible Census Tracts. These are area with chronic gun violence problems.
  - Manchester Police is also supporting a youth Intervention Programing Coordinator to assist with program design and implementation of interventions for at-risk youth at the Manchester Police Athletic League.
- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.

- During COVID-19, gun violence increased significantly. This was likely due to the social implications of the pandemic. Foot patrols are deployed as both a crime reduction and community engagement measure. To-date, officers had over 9,200 community contacts while conducting foot patrols. During this reporting period, the foot patrols were paused, but will begin again after the winter months. Additionally, dedicated resources have been allotted to investigate violent crime. Over 517 violent crime cases have received over 4,200 hours in additional investigative effort by detectives. The added resources have resulted in over 220 arrests of violent offenders, 86 firearms seized and significant numbers of crime guns recovered. Importantly, clearance rates for these offenses has increased. Most significantly, during the reporting period, there has been a continued decline in gun violence in Manchester. Quarter 1 of 2024 saw a 3% decline in all gun crimes compared to the 3-year average, and a 10% decline in gunfire incidents compared to the 3-year average. Importantly Quarter 1 also saw a 10% decline in non-fatal shootings in Manchester compared to prior years. This is a continued decline in non-fatal shooting incidents in Manchester.

- The dollar amount of the total project spending that is allocated towards evidence-based interventions.
  - $2,708,333.33
- Indicate if a program evaluation of the project is being conducted
  - Manchester Police is conducting program evaluation of this effort.

- ATTACHMENT G -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: 410222 **Project Name: ACERT Program (EC 2.13)**
Agency Name: Amoskeag Health
Prepared By: Skylar Bottcher **Contact Info: 513-642-1643**
Reporting Period: July 1st, 2024- September 30th, 2024

I. Project Invoices and Expenditures

Date Received	Reconciliation Period	INVOICE AMOUNT
8/4/23	July Expenses	$46,126.43
9/12/23	August Expenses	$18,567.88
10/10/23	September Expenses	$35,325.36
11/8/23	October Expenses	$27,846.88
12/12/23	November Expenses	$36,749.31
1/5/24	December Expenses	$35,898.68
2/8/24	January Expenses	$23,439.58
3/7/24	February Expenses	$52,565.77
4/10/24	March Expenses	$36,088.16
5/10/24	April Expenses	$21,941.29
6/6/24	May Expenses	$34,548.66
7/15/24	June Expenses	$34,545.02
8/12/24	July Expenses	$76,013.28
9/10/24	August Expenses	$34,935.78
10/8/24 Reconciliation Date	September Expenses	$27,257.65

QUARTER TOTAL: July-September
$138,206.71

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started ___ Completed less than 50% __X_ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
X	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	X	Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on page 21

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: YWCA-New Hampshire

Address: 72 Concord St. Manchester, NH 03103

UEI #:FWVEAJGAMHR3 SAM #:N/A

Award number & name: CIP #410222 ACERT Program (EC 3.8)

Award date: October 2021

Award amount: $320,749.62 Award type: Contract

Award payment method (reimbursable or lump sum payment(s)): Reimbursable

Primary place of performance: YWCA-NH and Manchester Police Department

Period of performance - Start date: January 2022 End date: December 2026

Loan expiration date (expected to be paid in full): December 31, 2026

Quarterly obligation amount: $N/A

Quarterly expenditure amount: $ $0

Activity general description:

The YWCA is one of three core partner organizations involved with the day-to-day core operations of ACERT. The YWCA provides two family advocates, who collectively put in 40 hours per week (20 hours per individual) to provide case management to families identified by ACERT. The YWCA also provides domestic violence specific supports and services to families referred through the program.

Agency/Business/Individual Legal Name: Keene State College, Behavioral Health Improvement Institute (BHII)

Address: 51 College Road, Room 109, University of New Hampshire, Durham, NH 03824

UEI #:UDDNE26Q4JH1, DV3PJ2NRLKC5, K7L3KXX4EV44 SAM #: N/A

Award number & name: CIP #410222 ACERT Program (EC 3.8)

Award date: October 2021

Award amount: $415,027.50 Award type: Fixed Price Contract

Award payment method (reimbursable or lump sum payment(s)): Reimbursable

Primary place of performance: Keene State College, BHII

Period of performance - Start date: October 2021 End date: December 2026

Loan expiration date (expected to be paid in full): December 31, 2026

Quarterly obligation amount: $N/A

Quarterly expenditure amount: $ 19,763.19

Activity general description:

The Behavioral Health Improvement Institute (BHII) at Keene State College is serving as our external evaluator. This quarter, BHII helped us articulate our logic model and workflow as prerequisites for developing an ACERT logic model, fidelity measure, and custom-built data platform using QuickBase. QuickBase is a secure, cloud-based, FERPA- and HIPAA-compliant online data platform in which all ACERT case documentation and performance measures will be entered and stored. Measures will fall into one of two categories: 1) capacity development and 2) victim and child welfare support.

Agency/Business/Individual Legal Name: UpReach Therapeutic Equestrian Center

Address: 153 Paige Hill Road, Goffstown, NH 03045

UEI #: SKEGKBCYFWV8 SAM #: N/A

Award number & name: CIP #410222 ACERT Program (EC 3.8)

Award date: October 2021

Award amount: $138,369.00 Award type: Contract

Award payment method (reimbursable or lump sum payment(s)): Reimbursable

Primary place of performance: UpReach Therapeutic Equestrian Center

Period of performance - Start date: January 2022 End date: December 2026

Loan expiration date (expected to be paid in full): December 31. 2026

Quarterly obligation amount: $N/A

Quarterly expenditure amount: $ 4,892.33

Activity general description:

UpReach Therapeutic Equestrian Center provides evidence-informed therapeutic programming to children and families referred through ACERT.

Agency/Business/Individual Legal Name: Waypoint

Address: 99 Hanover St. Manchester, NH 03101

UEI #: QX4YNCN4JYK5 SAM #:N/A

Award number & name: CIP #410222 ACERT Program (EC 3.8)

Award date: October 2021

Award amount: $64,134.00 Award type: Contract

Award payment method (reimbursable or lump sum payment(s)): Reimbursable

Primary place of performance: Waypoint

Period of performance - Start date: January 2022 End date: December 2026

Loan expiration date (expected to be paid in full): December 2026

Quarterly obligation amount: $N/A

Quarterly expenditure amount: $ 3,582.29

Activity general description:

Waypoint provides evidence-based home visiting services and other family support resources to families referred through ACERT.

Demographic Information (if applicable):

Reporting Period: July 1st, 2024 – September 30, 2024

Demographic Information (if applicable):
Number of New (Unduplicated) Households Served This Period 183

Male 203 Female 326 Elderly (>62 Y.O.) 0 Disabled 1

248 White	0 Native Hawaiian/Other Pacific Islander
0 American Indian/Alaskan Native	126 Hispanic, Latino, Spanish
4 Asian	1 Other Multi-Racial
20 African American	8 Unknown

I. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.

Families continue to face negative public health and economic impacts as a result of COVID-19. The global pandemic has exacerbated the rates of children exposed to violence and other adverse experiences in Manchester and statewide. From July 1, 2024, through September 30, 2024, the ACERT team received 279 incidents from the Manchester Police Department where at least one juvenile was present during a traumatic incident resulting in a police response. The most common incident types were juvenile calls for service (100; when a juvenile requests law enforcement assistance or

intervention), domestics without crime (57; when an incident occurs within a familial or domestic relationship and no criminal charges are made), and physical assault (57).
Home visits are an essential service the ACERT team provides, during which one police officer and two family advocate visit the households of the youth involved in a police-involved incident. During the home visits, the ACERT team educates the families about ACEs and HOPE (healthy outcomes from positive experiences) and seeks consent for ACERT services. From July 1st through September 30th, the ACERT team conducted home visits involving 539 individuals in 183 households.
Referrals to community partners are provided to those families that consent to services. From July 1st through September 30th, 193 referrals to services designed to mitigate the negative effects of trauma were made on behalf of 72 households consisting of 92 adults and 126 children.

- Indicate if a program evaluation of the project is being conducted.
    - The Behavioral Health Improvement Institute (BHII) at Keene State College is our external evaluator. This quarter, we continued the use of the ACERT database and case management system for families receiving services through ACERT. The ACERT database is developed in Quickbase, a secure, cloud-based FERPA- and HIPPA-compliant online data platform in which all ACERT case documentation and performance measures are entered and stored. Measures fall into one of two categories: 1) capacity development and 2) victim and child welfare support. Both the capacity development and victim and child welfare portions of the database are complete and partnering service provider agencies were securely receiving and tracking ACERT referrals as well as communicating referral outcomes via the database.

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***410024***
Project Name: ***Crime Analysts (EC 2.18)***
Agency Name: ***Police Department***
Prepared By: ***Patrick Houghton*** **Contact Info:** ***phoughton@manchesternh.gov***
Reporting Period: ***July 1, 2024 – Sept 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 450,000.00**	Total Project Expenditure:	**$204,328.05**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 55,045.28**
Current Quarter Obligation:	**$ 0.00**	Current Quarter Expenditure:	**$ 50,785.98**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _X__ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	**X**	Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments

	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: Award type: Direct payment

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male ____ Female ___ Elderly (>62 Y.O.) ___ Disabled ___

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Number of FTEs hired under this program's authority.
    - Manchester Police has hired 2 full-time Crime Analysts to support the Real Time Crime Center.
- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced.
    - Two Analysts will be assigned to the "Real Time Crime Center", which will operate within the Communications Division. These analysts will primarily work on supporting the law enforcement response to in-progress violent crime calls through Intelligence and Information gathering. Additionally, analysts will support suspect / person of interest risk assessments, creation of a daily crime bulletin, and tracking of crime incidents in real time to assist with resource deployment and police responses. One aspect will be the real-time tracking of overdoses to identify spikes as they occur and public health partners can be notified to respond appropriately. This pilot project was created to assist the City of Manchester respond to increases in violent crime that, in part, were the result of the Covid-19 pandemic and coinciding negative economic impact experienced.
    -
- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.
    - After the onset of the Covid-19 pandemic, Manchester experienced an increase in Violent Crime of nearly 13%. Specifically, gun crimes increased in the City where gunfire incidents increased in 2020 and 2022. A more detailed examination of non-fatal shootings also identified increases in non-fatal shootings in 2020 and

2021. The above description of the structure and objectives of this program are part of the overall response to reducing and preventing violent crime. Skilled crime analysts, in a real-time setting help to ensure prolific offenders are identified, crime spikes are identified before they become chronic, and additional capacity to make data-driven decisions in response to violent crime in Manchester.

- The dollar amount of the total project spending that is allocated towards evidence-based interventions.
    - $450,000.
- Indicate if a program evaluation of the project is being conducted
    - A program evaluation is being conducted. A pre-survey has been conducted within the department, which will be followed up at 6-months and 12-months. This survey will help assess the impact of the analysts on response to violent crime. Additionally, daily tasks of the Analysts are being tracked to assess the overall work of the analysts and how it impacts calls and crimes in real time.

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***410322***
Project Name: ***Director of Homelessness Initiatives (EC 3.1)***
Agency Name: ***Office of the Mayor***
Prepared By: ***Irina Owens*** **Contact Info:** ***603-792-3859***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 340,000.00**	Total Project Expenditure:	**$ 26,531.27**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 0.00**
Current Quarter Obligation:	**-$ 226,847.36**	Current Quarter Expenditure:	**$ 24,188.47**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _X__ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
	Low- or-moderate income households or populations (see chart below)	x	Low-income households and populations (see chart below)
	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
x	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2024

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$40,050*	*$45,800*	*$51,500*	*$57,200*	*$61,800*	*$66,400*	*$70,950*	*$75,550*
Moderate Income	*$64,050*	*$73,200*	*$82,350*	*$91,500*	*$98,850*	*$106,150*	*$113,500*	*$120,800*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: $ Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period ___281_____

Male __186__ Female _95__ Elderly (>62 Y.O.) _30__ Disabled _281_

_235_ White
_3___ American Indian/Alaskan Native
_0___ Asian
_17__ African American
_2___ Native Hawaiian/Other Pacific Islander
_19__ Hispanic, Latino, Spanish
_4___ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

**Will be paid through ARPA beginning 7/1/24.

- Does this project include a capital expenditure and type of capital expenditure?
  No
- Total expected capital expenditure, including pre-development costs, if applicable.
- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced.

    - The primary goal of this position is to coordinate and oversee the City's efforts in addressing homelessness, including the mitigation of homeless encampments and the oversight of the City's shelter and Engagement Center. The role involves fostering strong partnerships with various stakeholders such as City employees, business and community groups, State and Federal officials, and the media. A key responsibility is to develop and implement effective communication strategies, ensuring that information about services is shared across relevant groups and the public, while also strengthening collaboration between homelessness service

providers, both public and private.
The individual in this role will also focus on identifying service gaps, measuring outcomes, and reducing the duplication of resources within the community by collecting and analyzing data. Regular engagement with citizens, attendance at relevant meetings and training, and staying informed on best practices for homelessness services are essential components of this position to ensure the effectiveness of the City's programs and operations.

- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.
    - The population served is at significant risk of COVID-19 as well as other communicable diseases. Many homeless individuals served suffer negative health outcomes due to housing instability.

- The dollar amount of the total project spending that is allocated towards evidence-based interventions.
    - This provides payroll support for the position.

- Indicate if a program evaluation of the project is being conducted
    - This position is subject to yearly employment evaluations.

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***410422***
Project Name: ***Fire Department Emergency Management Coordinator (EC 1.9)***
Agency Name: ***Fire Department***
Prepared By: ***Melissa Paulhamus*** **Contact Info:** ***603-792-3824***
Reporting Period: ***July 1, 2024- September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 438,518.80**	Total Project Expenditure:	**$ 357,580.96**
Previous Quarter Obligation:	**$ 263,193.60**	Previous Quarter Expenditure:	**$ 30,490.54**
Current Quarter Obligation:	**$ 247,215.73**	Current Quarter Expenditure:	**$ 15,977.87**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started ___ Completed less than 50% _X__ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: $ Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

• Number of government FTEs responding to COVID-19 supported under this authority.

- One

• Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced.

- The Emergency Management Coordinator is a full time position under the authority of the City's Fire Chief & Emergency Management Director. This position is responsible for day to day emergency management functions for the entirety of the City, as well as, maintaining readiness of the City's Emergency Operations Center and emergency management response supplies. The Emergency Management Coordinator is currently responsible for managing the City's FEMA Public Assistance requests pertinent to COVID-19, in addition to any other Federally declared disasters. This position also oversaw the development of the Incident Action Plan, daily reporting requirements relevant to COVID-19 and logistics. In addition, the Emergency Management Coordinator is currently in the process of rewriting the City's Emergency Operations Plan, Radiological Emergency Response Plan Annex, and is coordinating the rewrite of the City's Hazard

Mitigation Plan. This position has completed the City's Extreme Temperature Annex, and coordinated information sharing regarding cooling station activation thresholds. This position coordinates a Special Events Working Group to help improve the Special Events public safety planning process, as well as writing and coordinating multiple grants to support emergency response and recovery efforts citywide. The Emergency Management Coordinator is currently overseeing the adoption of a Citywide Emergency Alerting platform which can be used for preplanned as well as emergency situations, and includes functionality for WEA, participating in regional emergency management exercises for critical infrastructure, has started a Daily Operations Briefing for relevant partners, and is working with MIT Lincoln Laboratory on incorporating Language Learning Models to improve daily operations. Lastly, this position is responsible for coordinating disaster recovery efforts and has developed an Initial Damage Assessment survey, as well as coordinates FEMA Public Assistance for the City, including for COVID and recent flood damage.

• Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.

○ This position is coordinating the City's FEMA Public Assistance requests relative to COVID-19 which to date is just over $2.4 million, of which $1.7 million has been recovered and over $700,000 still under review. Additionally, this position has coordinated all requests for PPE, sanitization and other supplies relative to COVID-19 including tracking of requests, logistics for pick up/delivery, etc. While the City's EOC was activated, this position was responsible for the development of the City's IAP, and is actively participating in the After Action Report process with the State of New Hampshire, and City of Manchester Health Department/Greater Manchester Public Health Network.

• Purpose of funds (e.g., payroll support, safety measure implementation). ○ Payroll

• Indicate if a program evaluation of the project is being conducted ○ Annual employee evaluations, monitoring success of grant funding secured under this position for emergency management purposes, and monitoring of public safety planning efforts coordinated by this position for pre-planned events, and emergency/disaster scenarios.

- ATTACHMENT G -

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***410525***
Project Name: ***Park Enforcement (EC 1.11)***
Agency Name: Manchester ***Police Department***
Prepared By: ***Steven Hoeft*** **Contact Info:** ***603-792-5411***
Reporting Period: ***July 1, 2024 – Sept 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 500,000**	Total Project Expenditure:	**$ 40,263.62**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 0.00**
Current Quarter Obligation:	**$ 500,000**	Current Quarter Expenditure:	**$ 40,263.62**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _X_ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	X	Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: $ Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Does this project include a capital expenditure and type of capital expenditure?
  - No
- Total expected capital expenditure, including pre-development costs, if applicable.
  - N/A
- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced.
  - Following the Covid-19 epidemic, the City of Manchester experienced an increase in homeless and unhoused individuals traveling to the city for various reasons. The driving force behind the migration to the city of Manchester was that of services provided locally such as mental health, drug and alcohol "misuse" programs/treatment services, etc. City leaders realized that when programs and services were not successful for individuals, many of them remained in the city's downtown area and were left homeless, rather than returning to their own communities. Approximately 135-165 individuals remained unhoused and were treatment resistant.
  - Due to this population being unhoused, the city found many of its parks and downtown areas subjected to increased drug us, open alcohol use/abuse, and increase in both

crime and city/state ordinance violations. The feedback from the community, both the business and residential community was that the homeless issue was increasingly getting worse, having a negative impact on city businesses, residential properties, and the general quality of life in the downtown area.
    - With the implementation of these funds, the Manchester Police Department was able to form a group of 12 dedicated officers whose role would be to focus on theses quality of life issues, specifically drug use, assaults, and thefts in the downtown area. Since the inception of the group in July, 2024, there has been a noticeable improvement on the targeted area, specifically the downtown business district of the city.

- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.
    -
- The dollar amount of the total project spending that is allocated towards evidence-based interventions.
    - $500,000
- Indicate if a program evaluation of the project is being conducted
    -

From: Koetsier,Kelly
To: Brescia,Thomas
Cc: Gomez,Mark
Subject: ARPA Quartly Report- Q1-25
Date: Wednesday, October 16, 2024 2:48:19 PM
Attachments: image001.png
image002.png
RANGERS_WF0385059_7.1.24-9.30.24.pdf

Good Morning Tom,

Please note the following expenditures for Q3 2024. (Q1 FY25)

- Total quarter Expenditures of $36,678.31. Project total $716,876.93
- Labor charges (including benefits) of $35,541.69
- Other project cost (clothing, equipment and services) of $1,136.62

Attached is the Mass Activity report as well. This report notes a large fringe benefit amount. $15,380.78 constituted a retirement payout of accrued time and was credited back to the ARPA account.

REGULAR SALARY	**313,405.45**	**17,038.87**
OVERTIME	**67,386.51**	**1,876.37**
HEALTH INSURANCE	**52,350.97**	**1,220.35**
DENTAL INSURANCE	**2,893.89**	**39.75**
LIFE INSURANCE	**394.98**	**18.01**
DISABILITY INSURANCE	**220.7**	**3.71**
RETIREMENT	**136,507.45**	**12,592.22**
FICA	**32,954.56**	**2,752.41**
EQUIPMENT	**95,417.51**	**0.00**
OTHER PROJECT COSTS	**15,344.91**	**1,136.62**
	716,876.93	**36,678.31**

Please let me know if you have any questions.

Kelly

MANCHESTER
Kelly Koetsier
Operations Manager
Manchester Parks, Recreation and Cemetery

Direct: 603.657.0446
Office: 603.792.5350
Email: KKoetsier@manchesternh.gov

One City Hall Plaza, Manchester, NH 03101

SELECTIONS:

List job order detail	Y						
Report to print:							
Labor	Y						
Material/other	Y						
Transaction date	7/01/24	To -	9/30/24				
Actual charges	Y						
Account period	to						
Fiscal year	to						
Work request range:				Job order range:			
Request number - From	WF0385059	To	WF0385059	Actual start - From		To -	
Actual completion - From		To		Actual completion - From		To -	
Work request selection:				Job order selection:			
Facility ID				Status			
Facility sub-type				Assigned department			
Request category				Standard task			
Assign department				Category code			
Request status				Task code			
Location ID				Crew code			
General location				Project number			
Request priority							
Action taken							

NAME	SSN/ID	PROJECT	T/C	DATE	HOURS	HOUR CODE	TRANS/ HISTORY	CHECK INFORMATION PP	CHECK	DATE
WF0385059 028 Master routine work order parks and Recreaction									511222	
BURKE, WILLIAM F		511222		7/01/24	8.000	01	H	28		7/11/24
BURKE, WILLIAM F		511222		7/01/24	3.000	30	H	28		7/11/24
BURKE, WILLIAM F		511222		7/02/24	8.000	01	H	28		7/11/24
BURKE, WILLIAM F		511222		7/02/24	3.000	30	H	28		7/11/24
BURKE, WILLIAM F		511222		7/03/24	8.000	01	H	28		7/11/24
DUNMYER, LELAND J		511222		7/03/24	8.000	01	H	28		7/11/24
RUNYON, AMY A		511222		7/03/24	8.000	01	H	28	412532	7/11/24
BURKE, WILLIAM F		511222		7/03/24	3.000	30	H	28		7/11/24
DUNMYER, LELAND J		511222		7/03/24	3.000	30	H	28		7/11/24
RUNYON, AMY A		511222		7/03/24	3.000	30	H	28	412532	7/11/24
DUNMYER, LELAND J		511222		7/04/24	10.000	02	H	28		7/11/24
RUNYON, AMY A		511222		7/04/24	10.000	02	H	28	412532	7/11/24
DUNMYER, LELAND J		511222		7/05/24	8.000	01	H	28		7/11/24
RUNYON, AMY A		511222		7/05/24	7.000	01	H	28	412532	7/11/24
RUNYON, AMY A		511222		7/05/24	3.000	22	H	28	412532	7/11/24
DUNMYER, LELAND J		511222		7/05/24	3.000	30	H	28		7/11/24
DUNMYER, LELAND J		511222		7/06/24	3.000	01	H	28		7/11/24
RUNYON, AMY A		511222		7/06/24	8.000	01	H	28	412532	7/11/24
DUNMYER, LELAND J		511222		7/06/24	7.000	22	H	28		7/11/24
RUNYON, AMY A		511222		7/06/24	3.000	30	H	28	412532	7/11/24
BURKE, WILLIAM F		511222		7/07/24	8.000	01	H	29		7/18/24
BURKE, WILLIAM F		511222		7/07/24	3.000	30	H	29		7/18/24
BURKE, WILLIAM F		511222		7/08/24	10.000	22	H	29		7/18/24
DUNMYER, LELAND J		511222		7/08/24	3.000	30	H	29		7/18/24
BURKE, WILLIAM F		511222		7/09/24	8.000	01	H	29		7/18/24
BURKE, WILLIAM F		511222		7/09/24	3.000	30	H	29		7/18/24
DUNMYER, LELAND J		511222		7/10/24	10.000	F1	H	29		7/18/24
BURKE, WILLIAM F		511222		7/10/24	8.000	01	H	29		7/18/24
RUNYON, AMY A		511222		7/10/24	10.000	12	H	29	412595	7/18/24
BURKE, WILLIAM F		511222		7/10/24	3.000	30	H	29		7/18/24
DUNMYER, LELAND J		511222		7/11/24	10.000	F1	H	29		7/18/24
RUNYON, AMY A		511222		7/11/24	10.000	12	H	29	412595	7/18/24
DUNMYER, LELAND J		511222		7/12/24	3.000	F1	H	29		7/18/24
DUNMYER, LELAND J		511222		7/12/24	7.000	F2	H	29		7/18/24
RUNYON, AMY A		511222		7/12/24	10.000	12	H	29	412595	7/18/24
DUNMYER, LELAND J		511222		7/13/24	3.500	F2	H	29		7/18/24
DUNMYER, LELAND J		511222		7/13/24	6.500	F3	H	29		7/18/24
RUNYON, AMY A		511222		7/13/24	10.000	12	H	29	412595	7/18/24
BURKE, WILLIAM F		511222		7/15/24	8.000	01	H	30		7/25/24
BURKE, WILLIAM F		511222		7/16/24	8.000	01	H	30		7/25/24
BURKE, WILLIAM F		511222		7/17/24	8.000	01	H	30		7/25/24
RUNYON, AMY A		511222		7/17/24	8.000	01	H	30	412658	7/25/24
RUNYON, AMY A		511222		7/17/24	2.000	30	H	30	412658	7/25/24
BURKE, WILLIAM F		511222		7/18/24	8.000	01	H	30		7/25/24
RUNYON, AMY A		511222		7/18/24	8.000	01	H	30	412658	7/25/24
RUNYON, AMY A		511222		7/18/24	2.000	30	H	30	412658	7/25/24
BURKE, WILLIAM F		511222		7/19/24	8.000	01	H	30		7/25/24
RUNYON, AMY A		511222		7/19/24	8.000	01	H	30	412658	7/25/24
RUNYON, AMY A		511222		7/19/24	2.000	30	H	30	412658	7/25/24
RUNYON, AMY A		511222		7/20/24	6.000	01	H	30	412658	7/25/24
RUNYON, AMY A		511222		7/20/24	4.000	12	H	30	412658	7/25/24
BURKE, WILLIAM F		511222		7/22/24	8.000	01	H	31		8/01/24

NAME	SSN/ID	PROJECT	T/C DATE	HOURS	HOUR CODE	TRANS/ HISTORY	CHECK INFORMATION PP	CHECK	DATE
WF0385059 028 Master routine work order parks and Recreaction									511222
BURKE, WILLIAM F		511222	7/23/24	8.000	01	H	31		8/01/24
RUNYON, AMY A		511222	7/23/24	8.000	01	H	31	412723	8/01/24
RUNYON, AMY A		511222	7/23/24	2.000	30	H	31	412723	8/01/24
BURKE, WILLIAM F		511222	7/24/24	8.000	01	H	31		8/01/24
RUNYON, AMY A		511222	7/24/24	8.000	01	H	31	412723	8/01/24
RUNYON, AMY A		511222	7/24/24	2.000	12	H	31	412723	8/01/24
RUNYON, AMY A		511222	7/25/24	10.000	12	H	31	412723	8/01/24
BURKE, WILLIAM F		511222	7/25/24	8.000	22	H	31		8/01/24
RUNYON, AMY A		511222	7/26/24	8.000	01	H	31	412723	8/01/24
BURKE, WILLIAM F		511222	7/26/24	8.000	22	H	31		8/01/24
RUNYON, AMY A		511222	7/26/24	2.000	30	H	31	412723	8/01/24
BURKE, WILLIAM F		511222	7/29/24	8.000	01	H	32		8/08/24
BURKE, WILLIAM F		511222	7/30/24	8.000	01	H	32		8/08/24
BURKE, WILLIAM F		511222	7/31/24	8.000	01	H	32		8/08/24
BURKE, WILLIAM F		511222	7/31/24	236.000	19	H	32		8/08/24
BURKE, WILLIAM F		511222	7/31/24	636.730	29	H	32		8/08/24
TOTAL FOR JOB 028				1299.73			35,758.97		
TOTAL FOR WORK REQUEST WF0385059				1299.73			35,758.97		
FINAL TOTAL HOURS / DOLLARS				1299.730			35,758.97		

SUMMARY

CODE	DESCRIPTION	TRANSACTION		
WF0385059 028 Master routine work order parks and Recreaction				511222
0100	Labor	36089.10		
0200	Fringe Benefits	16517.40		
TOTAL FOR JOB 028		52606.50		
TOTAL FOR W/R WF0385059		52606.50	ARPA PARK RANGERS	
FINAL TOTAL		52606.50		

SUMMARY GROUPS - ALL WORK REQUESTS

Labor	36,089.10
Fringe Benefits	16,517.40
TOTAL ALL WORK REQUESTS	52,606.50

- ATTACHMENT G -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***610024***
Project Name: ***Winter Emergency Shelter (EC 2.18)***
Agency Name: ***The Mayor's Office***
Prepared By: ***Owen Westover*** **Contact Info:** ***603-792-3898***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 1,149,530.21**	Total Project Expenditure:	**$ 1,149,530.21**
Previous Quarter Obligation:	**$ 49,530.21**	Previous Quarter Expenditure:	**$ 110,809.77**
Current Quarter Obligation:	**$ 72,000**	Current Quarter Expenditure:	**$ 234,741.61**

- **Subawards of $50,000 or more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started __ Completed less than 50% x_ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	**X**	Households and populations residing in Qualified Census Tracts*
X	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2024

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$40,050*	*$45,800*	*$51,500*	*$57,200*	*$61,800*	*$66,400*	*$70,950*	*$75,550*
Moderate Income	*$64,050*	*$73,200*	*$82,350*	*$91,500*	*$98,850*	*$106,150*	*$113,500*	*$120,800*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: East Coast Evolution Leadership

Address: 190 Elm Street, Manchester NH 03101

UEI #: KAJ4QAK51647 SAM #:

Award number & name:

Award date: monthly in quarter

Award amount: $572,167.81 Award type: Direct payment

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date: thru quarter

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $ 0

Quarterly expenditure amount: $ 105,501.17

Activity general description: Staffing

Agency/Business/Individual Legal Name: 39 Beech Street, LLC

Address:

UEI #: CEC3P4JE1167 SAM #:

Award number & name:

Award date: monthly in quarter

Award amount: 341,666.70 Award type: Direct payment

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date: thru quarter

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $0

Quarterly expenditure amount: $0

Activity general description: rent

<u>Demographic Information (if applicable):</u>

Number of New (Unduplicated) Households Served This Period ____281_____

Male _185_ Female _96_ Transgendered _0_ Elderly (>62 Y.O.) __30_ Disabled _175__

___235__ White
___1__ American Indian/Alaskan Native
___0__ Asian
__18___ African American
__2_ Native Hawaiian/Other Pacific Islander
__5_ Hispanic, Latino, Spanish
__19_ Other Multi-Racial
1 Did not answer

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Does this project include a capital expenditure and type of capital expenditure?
- Total expected capital expenditure, including pre-development costs, if applicable.
- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced.
- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.
- The dollar amount of the total project spending that is allocated towards evidence-based interventions
- Indicate if a program evaluation of the project is being conducted

This project does not include capital expenditure this quarter. The population that this program serves is the homeless population in Manchester. They are struggling with public health issues related to poverty and housing instability including mental health, physical disabilities, and substance abuse issues. This population is impacted disproportionately by the pandemic due to not having access to health care, testing, and prevention…as well as living conditions where prevention is not possible. All of the interventions provided by the department are evidenced based in best practice public health models that serve the homeless population. **$ 234,741.61 is spent on evidence-based practices. The program is evaluated regularly by data management and reporting to measure quality of service and outcomes.**

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***610324***
Project Name: ***Concentrated Code Enforcement 3 (EC 2.18)***
Agency Name: ***Manchester Planning & Community Development***
Prepared By: ***Thomas Brescia*** **Contact Info:** ***tbrescia@manchesternh.gov***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 330,000.00**	Total Project Expenditure:	**$ 73,190.87**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 18,649.44**
Current Quarter Obligation:	**$ 0.00**	Current Quarter Expenditure:	**$ 20,005.56**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _X_ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
X	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2024

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$40,050*	*$45,800*	*$51,500*	*$57,200*	*$61,800*	*$66,400*	*$70,950*	*$75,550*
Moderate Income	*$64,050*	*$73,200*	*$82,350*	*$91,500*	*$98,850*	*$106,150*	*$113,500*	*$120,800*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- In order to identify properties that do not conform with minimum housing standards and to develop individual programs with property owners to achieve compliance, and in recognition of the need to maintain and expand the City's housing inventory to combat COVID-exacerbated affordable housing shortages, ARPA funding was allocated to hire one Concentrated Code Enforcement position.
    i. The aforementioned position is currently vacant. The previously employed Concentrated Code Enforcement officer resigned from his position, with his last day falling on September 27th, 2024.

- ATTACHMENT G -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***610325***
Project Name: ***Beech Street Programs***
Agency Name: ***The Mayor's Office***
Prepared By: ***Owen Westover*** **Contact Info:** ***603-792-3898***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 433,100.00**	Total Project Expenditure:	**$ 234,741.61**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 0.00**
Current Quarter Obligation:	**$ 433,100.00**	Current Quarter Expenditure:	**$ 234,741.61**

- **Subawards of $50,000 or more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started __ Completed less than 50% x_ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	**X**	Households and populations residing in Qualified Census Tracts*
X	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2024

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$40,050*	*$45,800*	*$51,500*	*$57,200*	*$61,800*	*$66,400*	*$70,950*	*$75,550*
Moderate Income	*$64,050*	*$73,200*	*$82,350*	*$91,500*	*$98,850*	*$106,150*	*$113,500*	*$120,800*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: East Coast Evolution Leadership

Address: 190 Elm Street, Manchester NH 03101

UEI #: KAJ4QAK51647 SAM #:

Award number & name:

Award date: monthly in quarter

Award amount: $572,167.81 Award type: Direct payment

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date: thru quarter

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $ 0

Quarterly expenditure amount: $ 105,501.17

Activity general description: Staffing

Agency/Business/Individual Legal Name: 39 Beech Street, LLC

Address:

UEI #: CEC3P4JE1167 SAM #:

Award number & name:

Award date: monthly in quarter

Award amount: 341,666.70 Award type: Direct payment

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date: thru quarter

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $0

Quarterly expenditure amount: $0

Activity general description: rent

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period ____281_____

Male _185_ Female _96_ Transgendered _0_ Elderly (>62 Y.O.) __30_ Disabled _175__

___235__ White
___1__ American Indian/Alaskan Native
___0__ Asian
__18___ African American
__2_ Native Hawaiian/Other Pacific Islander
__5_ Hispanic, Latino, Spanish
__19_ Other Multi-Racial
1 Did not answer

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Does this project include a capital expenditure and type of capital expenditure?
- Total expected capital expenditure, including pre-development costs, if applicable.
- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced.
- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.
- The dollar amount of the total project spending that is allocated towards evidence-based interventions
- Indicate if a program evaluation of the project is being conducted

This project does not include capital expenditure this quarter. The population that this program serves is the homeless population in Manchester. They are struggling with public health issues related to poverty and housing instability including mental health, physical disabilities, and substance abuse issues. This population is impacted disproportionately by the pandemic due to not having access to health care, testing, and prevention…as well as living conditions where prevention is not possible. All of the interventions provided by the department are evidenced based in best practice public health models that serve the homeless population. **$ 234,741.61 is spent on evidence-based practices. The program is evaluated regularly by data management and reporting to measure quality of service and outcomes.**

This quarter, the population was provided with essential services such as food, hygiene kits, and wound care supplies to meet their immediate needs. The engagement center and shelter played a pivotal role in connecting individuals to a wide range of programs aimed at long-term stability. These programs included access to Medication-Assisted Treatment (MAT) for those in recovery, housing assistance programs, job placement and training opportunities, and various recovery services. Additionally, individuals were supported in applying for state financial recovery programs, such as Supplemental

Nutrition Assistance Program (SNAP), ensuring they had access to both healthcare and basic necessities for their ongoing recovery and well-being.

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***610723***
Project Name: ***Residences at 351 Chestnut Street (EC 3.10)***
Agency Name: ***Lincoln Capital***
Prepared By: ***Scott Shaw*** **Contact Info:** ***scott@lincolnavenue.com***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Invoices and Expenditures

INVOICE DATE (Date Invoice was Paid by the City)	INVOICE AMOUNT (Amount Paid by the City)
7/16/24	$128,380.60
8/22/24	$22,159.51

QUARTER TOTAL - $150,540.11
(Total Paid by the City between 7/1 – 9/30)

- **Subawards of $50,000 or more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started **X** Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
X	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
X	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: PC Construction

Address: 131 Presumptive Street, Portland Maine 04103

UEI #: NCCZE49GKNE7 SAM #:

Award number & name: AIA 133 – 2019 contract

Award date:12/11/23

Award amount: $ 44,698,503 Award type: Competitive bid

Award payment method (reimbursable or lump sum payment(s)): GMP Contract

Primary place of performance: 351 and 345 Chestnut St, Manchester NH

Period of performance - Start date: 1/2/24 End date: 12/15/25

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description: Construction costs

Demographic Information (if applicable): Not Applicable

Number of New (Unduplicated) Households Served This Period _____

Male __ Female __ Elderly (>62 Y.O.) __ Disabled ____

__ White
__ American Indian/Alaskan Native
__ Asian
_ African American
__ Native Hawaiian/Other Pacific Islander
__ Hispanic, Latino, Spanish
__ Other Multi-Racial

V. **Project Benchmark Reporting** – Please provide the following information in each report (50 – 250 words)

- **Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced: No negative economic impact experienced during this period.**
- **Brief narrative of program activities completed during this reporting period: Demolition earth and site work**
- **Number of new affordable housing units being constructed through this project: 98 units**

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***610823***
Project Name: ***Residences at 351 Chestnut Street (Merrimack St. Parcel) (EC 3.10)***
Agency Name: ***Lincoln Capital***
Prepared By: ***Scott Shaw*** **Contact Info:** ***scott@lincolnavenue.com***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Invoices and Expenditures

INVOICE DATE (Date Invoice was Paid by the City)	INVOICE AMOUNT (Amount Paid by the City)
7/16/24	$304,901.51
8/22/24	$52,628.42

QUARTER TOTAL $357,529.93
(Total Paid by the City between 7/1 – 9/30)

- **Subawards of $50,000 or more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started **X** Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
X	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
X	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: PC Construction

Address: 131 Presumptive Street, Portland Maine 04103

UEI #: NCCZE49GKNE7 SAM #:

Award number & name: AIA 133 – 2019 contract

Award date:12/11/23

Award amount: $ 44,698,503 Award type: Competitive bid

Award payment method (reimbursable or lump sum payment(s)): GMP Contract

Primary place of performance: 351 and 345 Chestnut St, Manchester NH

Period of performance - Start date: 1/2/24 End date: 12/15/25

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description: Construction costs

Demographic Information (if applicable): Not applicable

Number of New (Unduplicated) Households Served This Period _____

Male __ Female __ Elderly (>62 Y.O.) __ Disabled ____

__ White
__ American Indian/Alaskan Native
__ Asian
__ African American
__ Native Hawaiian/Other Pacific Islander
__ Hispanic, Latino, Spanish
__ Other Multi-Racial

V. **Project Benchmark Reporting** – Please provide the following information in each report (50 – 250 words)

- **Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced: No negative economic impact experienced during this period.**
- **Brief narrative of program activities completed during this reporting period: Site/Earthwork and foundations**
- **Number of new affordable housing units being constructed through this project: 44 units**

- ATTACHMENT G -

-ATTACHMENT H-

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: 611124 **Project Name: Brook Street Shelter Operations**

Agency Name: Light of Life

Prepared By: Kristie McKenney **Contact Info: kristie@lightoflifenh.org**

Reporting Period: July – September 2024

I. Project Obligation and Expenditures

OBLIGATION		**EXPENDITURE**	
Total Project Obligation:	**$664,517.00**	Total Project Expenditure:	**$379,090.83**
Previous Quarter Obligation:	**$664,517.00**	Previous Quarter Expenditure:	**148,988.87**
Current Quarter Obligation:	**$0.00**	Current Quarter Expenditure:	**$170,684.41**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

◯ Not Started ☒ Completed less than 50% ◯ Completed 50% or more ◯ Completed

III. Project Service Area/Demographic Distribution - identify whether or not the project is serving an economically disadvantaged community

- -- x☐ Program or service is provided at a physical location in a Qualified Census
- ☐ Tract* Primary intended beneficiaries live within a Qualified Census Tract*
- ☐ Not applicable to this Project

**See Map of Qualified Census Tracts on Subrecipient Agreement Attachment G.*

QUARTERLY REPORTING INFORMATION

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

DUNS #: SAM

Award number & name:

Award date:

Award amount: Award type:

Award payment method (reimbursable or lump sum payment(s):

Primary place of performance:

Period of performance - Start date: End date: Loan expiration

date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Beneficiaries Served This Period 22

Male 2 Female 20 Elderly (>62 Y.O.) 1 Disabled____

16 White	Native Hawaiian/Other Pacific Islander
American Indian/Alaskan Native	Hispanic, Latino, Spanish
Asian	Other Multi-Racial
6 African American	

22 <40% AMI	≥40%-65% AMI	<185% FPL%	≥185%-300% FPL

Additional performance indicators for corresponding Project as described in Section 2.

QUARTERLY REPORTING INFORMATION

V. Project Benchmark Reporting – Please provide the following information in each report (250-word limit)

CIP #611124 – Brook Street Shelter Operations (EC 2.18)

- Brief description of activities/progress made during this quarter.
    - During this quarter we continued our operations of Beacon on Brook Street Shelter for women and children. We are at capacity every single day. At capacity means we have all 16 beds full. We are working with all the women who come to the Beacon on housing options, stabilization and supportive services. We continue to be encouraged by the victories we are already seeing in some of the women we serve. We are also excited that we don't have a lot of turnover. This indicates to us that the women feel safe and don't want to jeopardize their housing situation. With that said, he have high expectations of our clients in that they are not to just remain stagnant, but are to be working regularly with a case manager on successfully moving on. We strongly believe and can see that it is all about **relationships.**
- Does this project include a capital expenditure and type of capital expenditure?
    - No
- Total expected capital expenditure, including pre-development costs, if applicable.
    - N/A
- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced.
    - N/A
- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.
    - Due to COVID-19, there are increased numbers of individuals experiencing homelessness.
- The dollar amount of the total project spending that is allocated towards evidence-based interventions.
    - This has not been calculated, however, Beacon on Brook shelter is a housing first model shelter which does have evidence of being more successful than others in terms of assisting individuals to move to permanent housing.
- Indicate if a program evaluation of the project is being conducted.
    - We are tracking this project through the HMIS system. Furthermore, we are working with the organization who operates the data system on adding our own tracking features. We would like to track the effectiveness of the different opportunities we are offering women at the shelter and at the walk-in support center. I anticipate having some of that information next quarter.

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***611224***
Project Name: ***Planning Department Affordable Housing Trust Fund (EC 3.10)***
Agency Name: ***Manchester Housing and Redevelopment Authority***
Prepared By: ***Nicole Hudson*** **Contact Info:** ***nhudson@manchesterhousing.org***
Reporting Period: ***June 1, 2024 – August 31, 2024*** ***Due: October 16, 2024***

I. Project Invoices and Expenditures

INVOICE DATE	INVOICE AMOUNT
June 2024	**$24,788.38**
July 2024	**$48,715.12**
August 2024	**$22,792.00**

QUARTER TOTAL
$ 96,295.50

- **Subawards of $50,000 or more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started ___ Completed less than 50% __X__ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
X	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
X	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: $ Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period **40**

Male _41_ Female _53_ Elderly (>62 Y.O.) _5_ Disabled _20_

__71_ White
__1__ American Indian/Alaskan Native
__0__ Asian
_22_ African American
__0__ Native Hawaiian/Other Pacific Islander
__4__ Hispanic, Latino, Spanish
__0__ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- **Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced -** The Housing Applicant/Landlord Partnership Program, funded via the Affordable Housing Trust Fund, from the City of Manchester has enabled Manchester Housing and Redevelopment Authority (MHRA) to place program applicants/participants into units in the city which would otherwise not be available to them. As an example, MHRA has been able to assist with unit repair reimbursement for units that initially failed the Housing Quality Standards inspection as required by HUD. This enabled families to keep their search time to a minimum and their vouchers from expiring before they found a unit/landlord who would approve their tenancy.
- **Number of new affordable housing units added to the City's inventory –** 0 units are privately owned
- **Number of units added to the Housing Choice Voucher Program –** 40 units added to the program
- **Number of housing units rehabbed during this quarter –** 2 units rehabbed
- **Number of households that received rental/mortgage assistance during this quarter –** 40 Households

- ATTACHMENT G -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***712222***
Project Name: ***Neighborhood Environmental Improvement (EC 1.11)***
Agency Name: ***Public Works - Highway***
Prepared By: ***Caleb Dobbins*** **Contact Info:** ***cdobbins@manchesternh.gov***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 692,317.71**	Total Project Expenditure:	**$ 538,921.33**
Previous Quarter Obligation:	**$ 265,937.38**	Previous Quarter Expenditure:	**$ 71,449.88**
Current Quarter Obligation:	**$ 153,486.38**	Current Quarter Expenditure:	**$ 12,541.00**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started ___ Completed less than 50% _X__ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
	Low- or-moderate income households or populations (see chart below)	x	Low-income households and populations (see chart below)
	Households that experienced unemployment	x	Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity	x	Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on page 21

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: $ Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Does this project include a capital expenditure and type of capital expenditure?
  Yes. The project will be purchasing signs for street sweeping, a street sweeper, and a bobcat toolcat.
- Total expected capital expenditure, including pre-development costs, if applicable
  Approximately $370,000.
- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced
- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.
- The dollar amount of the total project spending that is allocated towards evidence-based interventions
- Indicate if a program evaluation of the project is being conducted

American Recovery Plan funds within this partnership will support the Highway Department's effort to address environmental issues that primarily focus on neighborhoods that experience chronic violent crime problems. This work has been underway in coordination with the police department; however, additional funding will support new equipment to have greater impacts as well as a source of funds for identified CPTED projects.
https://www.cpted.net/

Specifically, **a small street sweeper that is equipped with power washing and other cleaning attachments** has been purchased to provide a dedicated piece of equipment for response to alleyways and small spaces. The Highway Department previously did not currently have this capability. This small sweeper can assist with keeping spaces clean, which makes these areas less attractive to crime.

Additionally, **an ATV piece of equipment with appropriate attachments** has been purchased for specific use on city trails and walking paths. Currently the Highway Department is limited in its ability to access the trails and walking areas in the city and conduct maintenance like cutting back bushes, trees, and keeping areas clean. The ability to maintain these areas is key to preventing crime on these paths due to ensuring proper environmental designs. It also promotes a healthy community by making these areas welcoming and accessible to residents and visitors.

Lastly, prior efforts of collaboration between the Police, Public Health, and Highway to address identified problem areas have been impacted due to lack of funds. For example, and effort in 2020 to cut back brush, improve lighting, and removing physical features that attracted crime, was slowed due to no funding to support the project. This initiative will fund **contracted services for homeless encampment cleanup and provide a source of funds for CPTED training and projects**.

A set source of funds to **support infrastructure related to CPTED needs, such as improved lighting or materials to repair a sidewalk, is necessary**. Historically, lack of funding for these material costs have negatively impacted CPTED efforts in many different areas of the city.

Quarterly Progress- CY 2024 Q3

Sweeping operations during regular work hours continues with the purchased sweeper. In addition, fencing and other security features in the area of Precourt Park and Loeb Plaza to address recurring issues have been completed.

On July 2, 2024 BMA transferred $100,000.00 to CIP 811024.

QUARTERLY REPORTING INFORMATION

Project Number: 712522
Project Name: Clean Water State Revolving Fund Projects (EC 5.6)
Agency Name: Public Works - HWY
Prepared By: Caleb Dobbins **Contact Info: cdobbins@manchesternh.gov**
Reporting Period: July 1, 2024 – September 30, 2024

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$3,980,000.00**	Total Project Expenditure:	**$ 804,254.86**
Previous Quarter Obligation:	**$3,189,813.57**	Previous Quarter Expenditure:	**$ 62,183.83**
Current Quarter Obligation:	**$3,175,745.14**	Current Quarter Expenditure:	**$ 14,068.43**

II. Project Status

___ Not Started _**X**_ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Programmatic Data

- Projected/actual construction start date (month/year): **1/2023**
- Projected/actual initiation of operations date (month/year): **12/2023**
- National Pollutant Discharge Elimination System (NPDES) Permit Number (if applicable; for projects aligned with the Clean Water State Revolving Fund): **NH0100447**
- Public Water System (PWS) ID number (if applicable; for projects aligned with the Drinking Water State Revolving Fund): **N/A**
- Location Type i.e. Address, Address range, Road segment, or Latitude/Longitude (WGS84 or NAD83): **Project locations not yet determined. Possible locations range throughout the City.**
- Location Detail: **Project locations not yet determined.**
- Median household Income using the Census website and the American Community Survey 5 yr estimate: **$62,087**
- Lowest Quintile Income of the Service Area (at or below 40% AMI from the HUD website or at or below 185% of Federal Poverty Guidelines from the HHS website): **$43,920**

IV. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Does this project include a capital expenditure and type of capital expenditure? Include any cost-effective measures taken.
- Total expected capital expenditure, including pre-development costs, if applicable
- Note how project contributes to addressing climate change and/or how projects benefit disadvantaged communities in line with the Justice40 Initiative.

This project will include numerous capital expenditures once design is complete. The design is progressing and initial estimates and designs are occurring after the preliminary evaluations.

The total cost of expected capital expenditures is expected to be approximately $3.5M on infrastructure and $0.5M on design, but as designs are not yet complete, this number is only a rough approximation.

This project helps to address climate change and benefits disadvantaged communities in line with the Justice40 initiative by increasing capacity of the stormwater systems throughout the City reducing flooding and damage to roadways and properties from the increased intensity of storms. These adjustments/changes are focused primarily in the older sections of the city where there is a lower median income and a higher percentage of disadvantaged people.

Current Completed Projects

Dunbarton Road Culvert Repair

Marjam Culvert Repair

Catch basin replacement @ 575 Calef Road

Queen City Ave/Riverwalk Drainage Repairs

Quarterly Progress- CY 2024 Q3

The design consultant Environmental Partners (EP) continues to submit plans for review for multiple locations throughout the city. The first project of several has been bid and awarded. Value of that work is approximately $1M. All funds expected to be obligated by 12/31/2024.

In addition, EP continues to work with the City to investigate and provide engineering to mitigate flooding issues in the area of the CSX rail line.

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***810324***
Project Name: ***Homelessness Initiatives Coordinator (EC 2.16)***
Agency Name: ***Office of the Mayor***
Prepared By: ***Owen Westover*** **Contact Info:** ***603-792-3898***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 300,000.00**	Total Project Expenditure:	**$ 89,202.71**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 41,468.18**
Current Quarter Obligation:	**$ 200,000.00**	Current Quarter Expenditure:	**$ 19,361.57**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _x__ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)

	Households that experienced unemployment	**X**	Households and populations residing in Qualified Census Tracts*
X	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]
	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2024

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$40,050*	*$45,800*	*$51,500*	*$57,200*	*$61,800*	*$66,400*	*$70,950*	*$75,550*
Moderate Income	*$64,050*	*$73,200*	*$82,350*	*$91,500*	*$98,850*	*$106,150*	*$113,500*	*$120,800*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: Award type: Direct payment

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period ____181_____

Male _120_ Female _60_ Transgendered _0_ Elderly (>62 Y.O.) __23_ Disabled _167__

___157__ White __2_ Native Hawaiian/Other Pacific Islander
___3__ American Indian/Alaskan Native __9_ Hispanic, Latino, Spanish
___1__ Asian __22_ Other Multi-Racial
__16___ African American
4 had no answer recorded.

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- Number of FTEs hired under this authority.
- Brief description of structure and objectives of assistance program(s), including public health or negative economic impact experienced.
- Brief description of how a recipient's response is related and reasonably proportional to a public health or negative economic impact of COVID-19.
- The dollar amount of the total project spending that is allocated towards evidence-based interventions
- Indicate if a program evaluation of the project is being conducted

This project does not include capital expenditure this quarter. The population that this position serves is the homeless population in Manchester. They are struggling with public health issues related to poverty and housing instability including mental health, physical disabilities, and substance abuse issues. This population is impacted disproportionately by the pandemic due to not having access to health care, testing, and prevention…as well as living conditions where prevention is not possible. All of the interventions provided by the department are evidenced based in best practice public health models that serve the

homeless population. **$19,361.57 is spent on evidence-based practices. The program is evaluated regularly by data management and reporting to measure quality of service and outcomes.**

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***810722***
Project Name: ***Planning and Administrative Support (EC 7.1)***
Agency Name: ***Manchester Planning & Community Development***
Prepared By: ***Thomas Brescia*** **Contact Info:** ***tbrescia@manchesternh.gov***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 850,262.38**	Total Project Expenditure:	**$ 403,449.03**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 32,784.96**
Current Quarter Obligation:	**$ 0.00**	Current Quarter Expenditure:	**$ 30,640.85**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _X_ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	X	Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time	X	Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2024

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$40,050*	*$45,800*	*$51,500*	*$57,200*	*$61,800*	*$66,400*	*$70,950*	*$75,550*
Moderate Income	*$64,050*	*$73,200*	*$82,350*	*$91,500*	*$98,850*	*$106,150*	*$113,500*	*$120,800*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- In order to comply with quarterly reporting requirements associated with ARPA funds and assist in the administering of various programs associated with these funds, such as the Affordable Housing Trust Fund, the Small Business Grant and Program Assistance program, and Community Event & Activation Grants; two Community Grants Administrator IIs were hired.
    i. The aforementioned positions are currently filled.
    ii. There have been no staffing changes associated with this program this quarter.

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***810724***
Project Name: ***Part Time Planner (EC 3.5)***
Agency Name: ***Manchester Planning & Community Development***
Prepared By: ***Thomas Brescia*** **Contact Info:** ***tbrescia@manchesternh.gov***
Reporting Period: ***April 1, 2024 – June 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 120,000.00**	Total Project Expenditure:	**$ 40,110.73**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 9,329.91**
Current Quarter Obligation:	**$ 0.00**	Current Quarter Expenditure:	**$ 9,217.47**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _X_ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2024

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$40,050*	*$45,800*	*$51,500*	*$57,200*	*$61,800*	*$66,400*	*$70,950*	*$75,550*
Moderate Income	*$64,050*	*$73,200*	*$82,350*	*$91,500*	*$98,850*	*$106,150*	*$113,500*	*$120,800*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- In order to assist other planning staff in long-range planning and modifications to the code of zoning ordinances – revisions prompted in part by community concerns surrounding homelessness and lack of affordable housing – ARPA funding was allocated to hire one Part Time Planner.
    i. The aforementioned position is currently filled.
    ii. There have been no staffing changes associated with this program this quarter.

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***810822***
Project Name: ***Small Business Grants & Program Assistance (EC 2.29)***
Agency Name: ***Manchester Planning & Community Development***
Prepared By: ***Thomas Brescia*** **Contact Info:** ***tbrescia@manchesternh.gov***
Reporting Period: ***April 1, 2024 – June 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 2,000,000.00**	Total Project Expenditure:	**$ 1,825,804.31**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 98,859.25**
Current Quarter Obligation:	**$ 0.00**	Current Quarter Expenditure:	**$ 98,814.58**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started ___ Completed less than 50% __X_ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment	X	Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time	X	Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2024

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$40,050*	*$45,800*	*$51,500*	*$57,200*	*$61,800*	*$66,400*	*$70,950*	*$75,550*
Moderate Income	*$64,050*	*$73,200*	*$82,350*	*$91,500*	*$98,850*	*$106,150*	*$113,500*	*$120,800*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: Deo Mwano Consultancy

Address: 152 S. Mast St. Goffstown, NH 03045

UEI #: R6YLBJH1PET3 SAM #:

Award number & name:

Award date: 1/1/2023

Award amount: $181,500.00 Award type: Contract

Award payment method (reimbursable or lump sum payment(s)): Reimbursable

Primary place of performance: Manchester, NH

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $21,000

Activity general description: Screening applicants for the 360 Business Success program, collaborating with eligible applicants to create Scopes of Work and later Subrecipient Agreements.

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

- The Small Business Grant & Program Assistance initiative continued to provide opportunities for small businesses (under $2 million in revenue, fewer than 15 full-time employees) to seek reimbursement for previously sustained COVID-19 related losses. The following data was collected for this quarter:

  i. **SBGPA Grants Awarded:** 4
     1. 900 Degrees Manchester
     2. Cowabunga's Manchester
     3. Fortitude Health & Training
     4. Shadraq Enterprises
  ii. **Total SBGPA Grant Funding Awarded:** $40,000
  iii. **Women-Owned Businesses Awarded SBGPA Funding:** 3
  iv. **Minority-Owned Businesses Awarded SBGPA Funding:** 1

v. **Qualified Census Tract Businesses Awarded SBGPA Funding:** 2
vi. **Approximate Number of Employees Impacted:** 57

- The 360 Business Success program was designed in consultation with Deo Mwano Consultancy with the aim in mind of providing recipients of the SBGPA initiative with additional funding and direction toward improving business practices and growing their capacity. As of this quarter, the following data reflects the progress of this program:

i. **Total 360 Business Success Programs Approved:** 24
    1. Diz's Café
    2. PR Bartending
    3. Bravo Cleaning Services
    4. USA Chicken & Biscuit
    5. The Potato Concept
    6. My Pilates Studio
    7. Ash Street Inn
    8. Dimensions in Dance
    9. Nu Nails
    10. To Share Brewing
    11. El Rincon
    12. B's Tacos
    13. Afro Paris
    14. Rally & Revive
    15. Temple Food & Groceries
    16. United Physical Therapy
    17. Unchartered Tutoring
    18. Art 3 Gallery
    19. Everest Convenience Store
    20. Delicious Balance
    21. Mane Fetish
    22. Stark Brewing
    23. Jumpp Chiropractic
    24. Studio 550 Art Center
ii. **Total Obligated Project Funding:** $219,232.92
iii. **Total Project Invoices Paid:** $196,264.85

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***811022***
Project Name: ***Branding Strategy Modernization & Promotion (EC 2.11)***
Agency Name: ***Manchester Economic Development Office***
Prepared By: ***Jodie Nazaka*** **Contact Info:** ***jnazaka@manchesternh.gov***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 1,661,965.53**	Total Project Expenditure:	**$ 317,319.33**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 18,871.50**
Current Quarter Obligation:	**-$ 315,000.00**	Current Quarter Expenditure:	**$ 41,394.41**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started _X__ Completed less than 50% ___ Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name:

Address:

UEI #: SAM #:

Award number & name:

Award date:

Award amount: $ Award type:

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

Quarter Three Project Report Update

Brand Launch and Implementation:
During Q3, significant progress was made on the brand launch video project and the broader implementation of Manchester's new branding. The brand was applied to various marketing materials, including water bottles, business cards, and letterhead, helping to solidify the city's updated identity across multiple platforms.

Public Relations and Social Media Program:
In July, we launched Manchester's public relations and social media program with a series of stakeholder calls to build storylines for PR pitching. This effort kicked off in late July and will continue through August and the coming months. Additionally, a social media video shoot took place, which supported the city's efforts to enhance its online presence.

State of Manchester Event:
North Star and City staff partnered in planning the upcoming "State of Manchester" event. Activities include building the event agenda, identifying potential speakers, drafting the event

overview, and developing a panel topic that aligns with Manchester's growth and economic narrative.

Public Relations Program Implementation:
In July, the public relations program was further developed. The agency refined the pitch strategy, conducted employer outreach, and developed initial pitch themes. A media targets list was also built as part of the overall strategy to increase Manchester's visibility.

Social Media Launch Plan:
North Star began detailed planning for the city's social media launch, set for late summer. This included the creation of various page assets and preparations for an early August content shoot, ensuring a strong and engaging social media presence.

Destination Marketing Website Development:
Work is also underway on the development of a new destination marketing website for Manchester. This site will further enhance the city's digital presence, serving as a hub for visitors, businesses, and stakeholders to access information about the city's offerings.

Overall, Q3 saw significant strides in branding, public relations, social media, and event planning, all of which are helping to position Manchester for continued growth and success in the months ahead.

- ATTACHMENT G -

- ATTACHMENT F -

CITY OF MANCHESTER, NH
COMMUNITY IMPROVEMENT PROGRAM
AMERICAN RESCUE PLAN ACT

QUARTERLY REPORTING INFORMATION

Project Number: ***811024***
Project Name: ***12 Month Pilot Prog. For Cleaning, Maint., Safety & Hospitality Service***
Agency Name: ***Manchester Economic Development Office***
Prepared By: ***Jodie Nazaka*** **Contact Info:** ***jnazaka@manchesternh.gov***
Reporting Period: ***July 1, 2024 – September 30, 2024***

I. Project Obligation and Expenditures

OBLIGATION		EXPENDITURE	
Total Project Obligation:	**$ 415,000.00**	Total Project Expenditure:	**$ 267,929.75**
Previous Quarter Obligation:	**$ 0.00**	Previous Quarter Expenditure:	**$ 0**
Current Quarter Obligation:	**$ 0.00**	Current Quarter Expenditure:	**$ 267,929.75**

- **Subawards of $50,000 0r more –** If your project contained any contract/grant/loan/transfer/or direct payment to an individual, business or agency, please fill out the additional information on Section IV.

II. Project Status

___ Not Started __ Completed less than 50% X Completed 50% or more ___ Completed

III. Project Service Area/Demographic Distribution - What Impacted and/or Disproportionally Impacted population does this project primarily serve? Please select the population primarily served. If this project primarily serves more than one Impacted and/or Disproportionately Impacted population, please select up to two additional populations served

	Impacted		Disproportionately Impacted
X	General Public		
	Low- or-moderate income households or populations (see chart below)		Low-income households and populations (see chart below)
	Households that experienced unemployment		Households and populations residing in Qualified Census Tracts*
	Households that experienced increased food or housing insecurity		Households that qualify for certain federal programs[2]

	Households that qualify for certain federal programs[1]		Households residing in the U.S. territories or receiving services from these governments
	For services to address lost instructional time in K-12 schools: any students that lost access to in-person instruction for a significant period of time		Other households or populations that experienced a disproportionate negative economic impact of the pandemic other than those listed above (specify in section V.)
	Other households or populations that experienced a negative economic impact of the pandemic other than those listed above (specify in section V.)		

Income Limits by Household Size – Manchester, NH – 2022

Household Size	***1 Person***	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Low Income	*$25,040*	*$32,227*	*$40,626*	*$49,025*	*$57,424*	*$65,823*	*$74,222*	*$82,621*
Moderate Income	*$40,690*	*$52,260*	*$65,880*	*$79,500*	*$93,120*	*$106,740*	*$120,360*	*$133,980*

1 For Impacted households, these programs are Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF") Program; Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.

2 For Disproportionately Impacted households, these programs are Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income ("SSI"), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"), Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.

See Map of Qualified Census Tract on Attachment G

IV. Subawards of $50,000 Or more – If your project contained any contract / grant / loan / transfer / or direct payment to an individual, business or agency greater than or equal to $50,000, please provide the following information for each recipient

Agency/Business/Individual Legal Name: Streetplus Company LLC

Address: 254 36th Street, Suite C312, Brooklyn, NY 11231

UEI #: SAM #:

Award number & name:

Award date: July 1, 2024

Award amount: $415,000 Award type: Contract

Award payment method (reimbursable or lump sum payment(s)):

Primary place of performance:

Period of performance - Start date: End date:

Loan expiration date (expected to be paid in full):

Quarterly obligation amount: $

Quarterly expenditure amount: $

Activity general description:

Demographic Information (if applicable):

Number of New (Unduplicated) Households Served This Period _____

Male _____ Female _____ Elderly (>62 Y.O.) _____ Disabled _____

_____ White
_____ American Indian/Alaskan Native
_____ Asian
_____ African American
_____ Native Hawaiian/Other Pacific Islander
_____ Hispanic, Latino, Spanish
_____ Other Multi-Racial

V. Project Benchmark Reporting – Please provide the following information in each report (50 – 250 words)

Quarter Three Project Report Update

The program kicked off on July 2, 2024 and deployed a specialized Street Team to improve the Central Business Service District (CBSD) by offering professional cleaning, maintenance, safety, and hospitality services. Key activities in Q3 included litter collection using pans and brooms to ensure high visibility, thorough cleaning of trash cans and public seating areas, weed control, pressure washing to deep clean sidewalks and remove graffiti, painting and upkeep of street fixtures (including the removal of stickers and signs), minor landscaping, and manage snow removal to maintain accessible and safe public rights-of-way in the district. Hospitality services are also a significant part of the role, with team members trained to offer a friendly presence, provide directions, and share information about local attractions.

The program hired ne (1) Street Operations Manager, one (1) Team Leader, and six (6) Ambassadors. In the first few months of operation the team purchased necessary equipment to meet operation needs.

The pilot program is funded by the CBSD's special tax assessment and allocations from the American Rescue Plan Act (ARPA). Its goal is to improve the quality of life in the CBSD while boosting the city's attractiveness and economic prosperity.

Timothy J. Clougherty
Public Works Director

Owen P. Friend-Gray, P.E.
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer

CITY OF MANCHESTER

Department of Public Works
Environmental Protection Division

November 20, 2024

Chairman, Mr. Chris Morgan
CIP Committee
City of Manchester
One City Hall Plaza
Manchester, NH 03101

Subject: **Request to Implement 50%-50% Backflow Prevention Program**

Dear Chairman Morgan,

To help prevent residential sewer backups and basement flooding, EPD respectfully requests approval to implement a "*50%-50% Backflow Prevention Program*". Backflow prevention devices are the most efficient and cost effective tool to help minimize backup of wastewater into basements. Depending on the plumbing configuration of the property, the device can be installed in the basement or below grade. This proposed backflow prevention program is modeled after DPW's long established and successful 50%-50% curbing and sidewalk program. In this program the property owner pays for 50% of the curb/sidewalk and the City pays 50%. We recommend following this same financial arrangement for the backflow prevention program. Please see attached briefing paper for program details.

We recommend instituting an upper limit of $5,000 per property for City contribution. We expect the majority of installations to be in the $2,500 range. A new CIP specifically to fund this program will be developed for FY-2026. EPD has experienced a staffing vacancy of about 12% so far in FY-2025. This has created a budget surplus that can be used to fund this program for the remainder of FY-2025.

Thank you for your consideration of this request to implement a *50%-50% Backflow Prevention Program*. If you have any questions, or require any additional information, please feel free to contact us.

Regards,

Frederick J. McNeill, P.E.
Chief Engineer

Attachment: Program Briefing Paper

cc: Mr. Timothy J. Clougherty

Timothy J. Clougherty
Public Works Director

Owen P. Friend-Gray, P.E.
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer

CITY OF MANCHESTER

Department of Public Works
Environmental Protection Division

50% / 50% Backflow Prevention Program Briefing Paper

(November 20, 2024)

Goal - To help prevent residential sewer backups and basement flooding which can create a health hazard and cause property damage.

What is a Backflow Preventer? – This is a plumbing valve installed on the property's sewer service that only allows water to exit the house and prevents it from entering the house. Please see attached figure with examples.

Eligibility – Property has to be in a combined sewer area. Each property will be eligible for a backflow preventer for each active sewer service connection on the property. This program will not be retroactive.

Application Process – EPD will create an online application form. In addition, application forms will also be available in hard copy and can be mailed or dropped off at EPD. Applications will be reviewed by EPD staff and approved by the Chief Engineer. Approved applications will then be submitted to the Highway Commission for final review and approval.

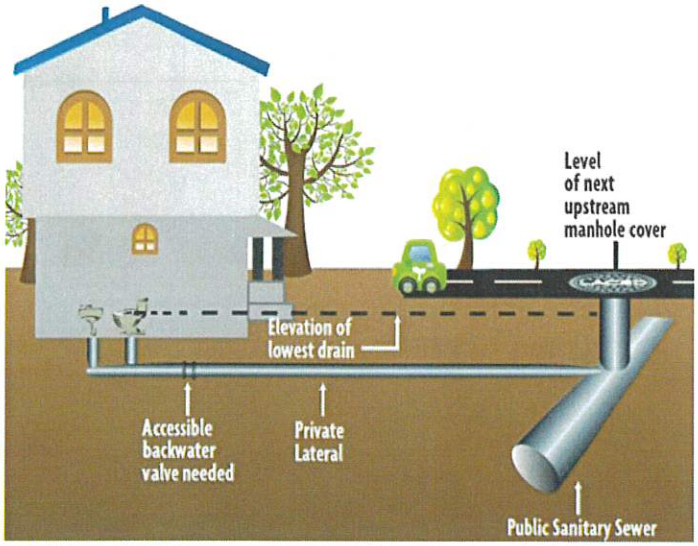
Payment - The property owner pays for 50% and EPD pays 50% up to a maximum total cost of $10,000 for the purchase and installation of the backflow prevention device. Payment will be made by EPD after a licensed plumber verifies the proper installation and operation of the backflow preventor. EPD will create a verification form as part of the program.

Current Funding – For the remainder of FY-2025 EPD recommends utilizing operating budget funds.

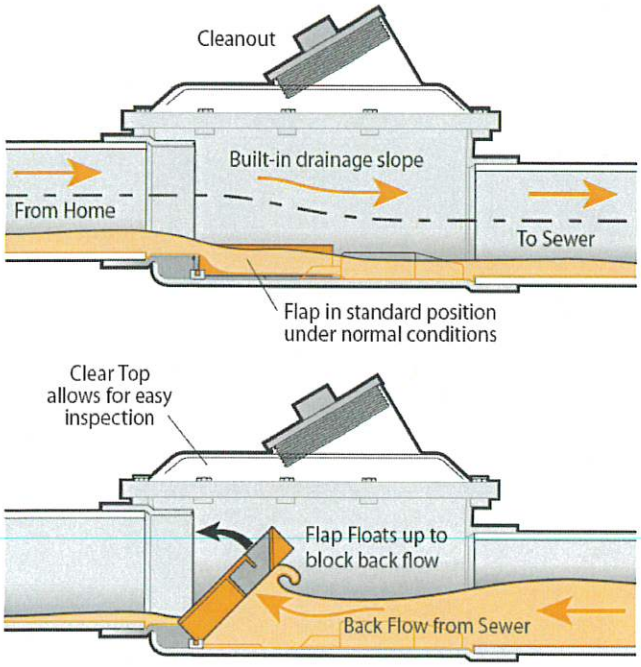
Future Funding – For FY-2026 a new CIP specifically to fund this program will be developed. For FY-2026 we will budget for 100 requests totaling $500,000. Expecting interest in this program to peak over the first two years, we recommend budgeting a decreasing amount annually as follows: $400,000 in FY-2027, $300,000 in FY-2028, $200,000 in FY-2029, and then $100,000 annually from 2030 to 2040. Our financial model has been updated accordingly and our present rate structure will support funding this program in this manner.

Public Outreach – EPD will create a public notice for the program that will be included in the sewer bills mailed to each customer. In addition, notification will be included on EPD's website and will be shared via social media.

50%/50% Backflow Prevention Program



Generic Backflow Valve Setup



Backflow Valve Cross-Section

Timothy J. Clougherty
Public Works Director

Owen P. Friend-Gray, P.E.
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer

CITY OF MANCHESTER

Department of Public Works
Environmental Protection Division

November 22, 2024

Chairman, Mr. Chris Morgan
CIP Committee
City of Manchester
One City Hall Plaza
Manchester, NH 03101

Subject: **Request for Project Extensions**

Dear Chairman Morgan,

EPD respectfully request the extension of two CIP projects whose work continues. We request the SSI Project (CIP No. 710518) be extended until the end of 2026 which coincides with its contract end date. We also request that our MS4 Project (CIP No. 711322) be continued until the end of 2025 because the bidding of this project has been delayed until early 2025. Details of these two project extension requests are presented in the attached table.

If you have any questions, or require any additional information, please feel free to contact us.

Regards,

Frederick J. McNeill, P.E.
Chief Engineer

Attachment:

December 2024 CIP Meeting

*** available balance plus encumbrances**

PROJECT NAME	CIP #	Bonded (B), Cash (C), Federal/State (F), Towns (T)	Original Stop Date	Stop Date Now	Extension Requested	Balance at 11/22/24 with encumb.*	Current Balance at 11/22/24	Project Comments
SSI Compliance - Construction	710518	C	6/30/18	12/31/2024	**12/31/26**	261,395	208,624	
MS4 - Study Design & Construction	711322	C	12/31/22	12/31/2024	**12/31/25**	43,399	24,349	

CIP BUDGET AUTHORIZATION

CIP#:	710518	Project Year:	2018	CIP Resolution:	6/13/2017
Title:	SSI Compliance-Construction			Amending Resolution:	7/11/2023
Administering Department	Public Works-EPD			Revision:	#5

Project Description:	Construction of improvements to the WWTP's sewage sludge incinerator (SSI) to meet new EPA emission standards

Federal Grants	Federal Grant:	No	**Environmental**	Review Required:	No
	Grant Executed:			Completed:	

Critical Events

1.	Project Initiation	7/18/2017
2.	Project Completion	12/31/2026
3.		
4.		
5.		
		12/31/2026

Line Item Budget

	ENTERPRISE	OTHER		TOTAL
Salaries and Wage	$0.00	$0.00	$0.00	$0.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$975,000.00	$225,000.00	$0.00	$1,200,000.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$7,718,750.00	$1,781,250.00	$0.00	$9,500,000.00
Other	$0.00	$0.00	$0.00	$0.00
TOTAL	**$8,693,750.00**	**$2,006,250.00**	**$0.00**	**$10,700,000.00**

Revisions:

Rev #1-Increase budget by $2,000,000 from $8,000,000 to $10,000,000. Change completion date to 12/31/2022

Rev #2-Increase budget by $700,000 (ENTERPRISE from $8,125,000 to $8,693,750 and (OTHER from $1,875,000 to $2,006,250). Transferred from CIP #710618.Change project completion date to 1/31/23.

Increased total budget by $700,000. Rev. #3- Extend completion date from 1/31/2023 to 6/30/2024.

Comments:

Rev. #4 - 2/6/24 Extend completion date from 6/30/24 to 12/31/24. #5 - 12/17/24 extend completion date from 12/31/24 to 12/31/26

OTHER funds from member towns whom share this project.

Planning Department/Startup Form - 06/23/17

$10,700,000.00

CIP BUDGET AUTHORIZATION

CIP#:	711322	Project Year:	2022	CIP Resolution:	6/8/2021
Title:	MS4 Study, Design, and Construction			Amending Resolution:	3/15/2022
Administering Department	DPW-EPD			Revision:	#3

Project Description: MS4 - Study, design, and construction of improvements to the City's storm water system.

Federal Grants Federal Grant: No **Environmental** Review Required: No

Grant Executed: Completed:

Critical Events

1.	Project Initiation	7/1/2021
2.	Project Completion	12/31/2025
3.		
4.		
5.		
		12/31/2025

Line Item Budget	ENTERPRISE			TOTAL
Salaries and Wages	$0.00	$0.00	$0.00	$0.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$500,000.00	$0.00	$0.00	$500,000.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$10,217.74	$0.00	$0.00	$10,217.74
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00
TOTAL	**$510,217.74**	**$0.00**	**$0.00**	**$510,217.74**

Revisions:

Revision #1-Increase budget by $10,217.74 (from $500,00 to $510,217.74) transferred from CIP #711121.

Revision #2 - Extend completion date from 12/31/2022 to 12/31/2024 #3 -12/17/24 Extend completion date from 12/31/24 to 12/31/25

Comments: SRF loan from New Hampshire Department of Environmental Services.

Planning Department/Startup Form - 07/1/20 **$510,274.74**

CITY OF MANCHESTER
PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use
Building Regulation
Code Enforcement
Community Improvement Program

Jeffrey D. Belanger, AICP
Director

Nicola Strong
Deputy Director – Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director – Building Regulations

To: Alderman Chris Morgan,
Chairman, CIP Committee

From: Jeffrey Belanger, AICP
Director, Planning and Community Development

JDB

Date: November 25, 2024

Regarding: Project Extensions

The Planning and Community Development Department respectfully requests that the end dates for the projects listed below be extended accordingly, as there are unexpended project balances and that the work is ongoing and will not conclude before the current project end date.

The following projects are requested to be extended until dates shown:

Year	Fund Type	Project #	Project Name	Department	Balance October 31, 2024	Extension Date
2019	OTHER	212619	Support Tech Comm. Care Coordinator	Health	$101,946	6/30/2025
2017	OTHER	212417	RWJF Culture of Health Prize	Health	$25,236	6/30/2025
2018	NACCHO	211918	NACCHO – Focus on Opioid	Health	$46,070	6/30/2025
2020	OTHER	212420	Public Health Safety Toolkit	Health	$26,208	6/30/2025
2021	NH Charitable Foundation	213421	NH Charitable Foundation	Health	$4,652	6/30/2025
2023	HOME-ARP	610123	Easterseals NH The Way Home-TBRA	PCD	$24,425	12/31/2025
2024	Medicaid	212224	School Based Dental (FY24)	Health	$43,049	6/30/2025

One City Hall Plaza, Manchester, New Hampshire 03101
Phone: (603) 624-6450 Fax: (603) 624-6529
E-Mail: pcd@manchesternh.gov
www.manchesternh.gov

2024	HOME	610824	Easterseals NH – Tenant Based Rental Assistance	PCD	$70,000	12/31/2025
2024	CDBG	710024	Annual Street Reconstruction (CDBG)	PCD	$507,641.59	12/31/2025

CIP BUDGET AUTHORIZATION

CIP#:	212417	Project Year:	2017	CIP Resolution:	5/17/2016
Title:	2016 Robert Wood Johnson Foundation Culture of Health Prize			Amending Resolution:	7/11/2023
Administering Department	Health Department			Revision:	#8

Project Description: The RWJF Culture of Health Prize recognizes communities that have placed a priority on health and are creating powerful partnerships and deep commitments that will enable everyone, especially those facing the greatest challenges, with the opportunity to live well. A culture of Health recognizes that health and well being are greatly influenced by where we live, work, the safety of our surroundings, and the relationships we have in our families and communities. The Health Department will work with Community partners to decide together how to use the funds to benefit the community.

Federal Grants	Federal Grant:	No	**Environmental**	Review Required:	No
	Grant Executed:			Completed:	

Critical Events

1.	Program Initiation	9/1/2016
2.	Program Completion	6/30/2025
3.		
4.		
5.		
		6/30/2025

Line Item Budget

	OTHER			TOTAL
Salaries and Wage	$17,236.44	$0.00	$0.00	$17,236.44
Fringes	$1,318.59	$0.00	$0.00	$1,318.59
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$56,444.97	$0.00	$0.00	$56,444.97
TOTAL	**$75,000.00**	**$0.00**	**$0.00**	**$75,000.00**

Revisions:

#1 - Budget increased from $25,000 to $50,000 due to the receipt of additional grant funds.
#2 - Budget increased from $50,000 to $75,000 due to the receipt of additional grant funds and extends Program Completion date to 3/31/2018. #3 - Extends Program Completion date from 3/31/2018 to 8/31/2018 and revises budget line items. #4 - Extend completion date from 12/31/2022 to 6/30/2023 #5- Extend completion date from 6/30/2023 to 12/31/2023. #6 - 12/5/23 Extend completion date from 12/31/2023 to 6/30/2024 #7- 7/2/24 Extend completion date from 6/30/2024 to 12/31/2024. #8 - 12/17/24 extend completion date from 12/31/24 to 6/30/2025

Comments:

Funds received from RWJF Culture of Health Prize, Endowment for Health and NH Charitable Foundation. Program initiation and completion dates determined by the grantor.

Planning Department/Startup Form - 03/31/16

$75,000.00

CIP BUDGET AUTHORIZATION

CIP#:	211918	Project Year:	2018	CIP Resolution:	6/13/2017
Title:	NACCHO - Focus on Opioid Epidemic			Amending Resolution:	7/11/2023
Administering Department	Health Department			Revision:	#6

Project Description: This CDC funded project aims to increase the capacity of local health department to respond effictively to the opioid epidemic by working more closely with state and local partners rolling out evidince based strategies at the local level. With suppport & technical assistance from NACCHO, funded LHD's will support efforts to combat the opioid crisis within their communities.

Federal Grants

Federal Grant:	No
Grant Executed:	

Environmental

Review Required:	No
Completed:	

Critical Events

1.	Program Initiation	3/1/2018
2.	Program Completion	6/30/2025
3.		
4.		
5.		
		6/30/2025

Line Item Budget

	State			TOTAL
Salaries and Wage	$0.00	$0.00	$0.00	$0.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$220,000.00	$0.00	$0.00	$220,000.00
TOTAL	**$220,000.00**	**$0.00**	**$0.00**	**$220,000.00**

Revisions: #1 - Budget increased from $100,000 to $220,000 due to the receipt of additional grant funds and extends completion date to 12/31/2019. #2 - Extend completion date from 12/31/2022 to 6/30/2023. #3 - Extend completion date from 6/30/2023 to 12/31/2023. #4 - 12/5/23 Extend completion date from 12/31/2023 to 6/30/2024. #5 - 7/2/24 Extend completion date from 6/30/2024 to 12/31/2024 #6- 12/17/24 extend

Comments: completion date from 12-31-24 to 6-30-25

Planning Department/Startup Form - 06/23/17

$220,000.00

CIP BUDGET AUTHORIZATION

CIP#:	212619	Project Year:	2019	CIP Resolution:	6/12/2018
Title:	Support Technology for Community Care Coordination			Amending Resolution:	7/11/2023
Administering Department	Health Department			Revision:	#5

Project Description: Funding from Granite United Way to support the Manchester Health Department's efforts in improving case management and community care coordination services as a part of the Community Schools Project.

Federal Grants Federal Grant: No Grant Executed:

Environmental Review Required: No Completed:

Critical Events

1.	Program Initiation	3/1/2019
2.	Program Completion	6/30/2025
3.		
4.		
5.		
		6/30/2025

Line Item Budget

	OTHER			TOTAL
Salaries and Wage	$0.00	$0.00	$0.00	$0.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$135,000.00	$0.00	$0.00	$135,000.00
TOTAL	**$135,000.00**	**$0.00**	**$0.00**	**$135,000.00**

Revisions: #1 - Extend project completion date from 12/31/2022 to 6/30/2023. #2 - Extend completion date from 6/30/2023 to 12/31/2023. #3 - 12/5/23 Extend completion date from 12/31/2023 to 6/30/2024 #4 - 7/2/24 Extend completion date from 6/30/2023 to 12/31/2024 #5 - 12/17/24 Extend completion date from 12-31-2024 to 6-30-2025

Comments: Funds received from the Granite United Way. Program initiation and completion dates determined by the grantor.

Planning Department/Startup Form - 07/5/18 **$135,000.00**

CIP BUDGET AUTHORIZATION

CIP#:	212420	Project Year:	2020	CIP Resolution:	6/10/2019
Title:	Public Health and Safety Toolkit (PHAST)			Amending Resolution:	7/11/2023
Administering Department	Health Department			Revision:	#5

Project Description: The CDC Foundation has awarded the City of Manchester Health (MHD) Department $30,000 to pilot test a Public Health and Safety Toolkit (PHAST), which is a resource guide to assist local health departments in working with local law enforcement agencies in addressing the opioid crisis. MHD, in coordination with the Manchester Police Department, anticipates utilizing the funding from the PHAST program to support critical trainings and activities.

Federal Grants

Federal Grant:	No
Grant Executed:	

Environmental

Review Required:	No
Completed:	

Critical Events

1.	Project Initiation	3/31/2020
2.	Project completion	6/30/2025
3.		
4.		
5.		
		6/30/2025

Line Item Budget

	OTHER			TOTAL
Salaries and Wage	$0.00	$0.00	$0.00	$0.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$30,000.00	$0.00	$0.00	$30,000.00
TOTAL	**$30,000.00**	**$0.00**	**$0.00**	**$30,000.00**

Revisions: #1 - Extend project completion date from 12/31/2022 to 6/30/2023. Rev. #2 - Extend project completion date from 6/30/2023 to 12/31/2023. #3 - Extend project completion date from 12/31/2023 to 6/30/2024 #4 - 7/2/24 Extend completion date from 6/30/2024 to 12/31/2024 #5 - 12/17/24 Extend completion date from 12-31-24 to 6-30-25

Comments: OTHER: Grant funded by the CDC Foundation.

Planning Department/Startup Form - 07/1/19 **$30,000.00**

CIP BUDGET AUTHORIZATION

CIP#:	213421	Project Year:	2021	CIP Resolution:	6/9/2020
Title:	NH Charitable Foundation-Comm Health Workers			Amending Resolution:	7/11/2023
Administering Department	Health Department			Revision:	#5

Project Description: To support two community health workers to respond to the disparate impact of COVID-19 on racial & ethnic minorities. In addition, $75,000 of the funding will be utilized to reinitiate the COVID-19 Relief Fund in partnership with the Granite United Way. This fund will support access to basic needs and resources, such as food, for residents who are adversely impacted by COVID-19.

Federal Grants Federal Grant: No Grant Executed:

Environmental Review Required: No Completed:

Critical Events

1.	Project Initiation	12/17/2020
2.	Project Completion	6/30/2025
3.		
4.		
5.		
		6/30/2025

Line Item Budget

	OTHER			TOTAL
Salaries and Wages	$154,502.00	$0.00	$0.00	$154,502.00
Fringes	$147,808.00	$0.00	$0.00	$147,808.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$75,000.00	$0.00	$0.00	$75,000.00
TOTAL	**$377,310.00**	**$0.00**	**$0.00**	**$377,310.00**

Revisions: #1 - Extend completion date from 12/31/2022 to 6/30/2023 #2 - 7/11/23 Extend completion date from 6/30/2023 to 12/31/2023. #3 - 12/5/23 Extend completion date from12/31/2023 to 6/30/2024 #4 - 7/2/24 Extend completion date from 6/30/2024 to 12/31/2024 #5 12/17/2024 extend completion date from 12-31-24 to 6-30-25

Comments: Source of OTHER Funds: NH Charitable Foundation

Planning Department/Startup Form - 07/1/20 **$377,310.00**

CIP BUDGET AUTHORIZATION

CIP#:	212224	Project Year:	2024	CIP Resolution:	6/6/2023
Title:	School Based Dental Program - Medicaid			Amending Resolution:	7/2/2024
Administering Department	Health Department			Revision:	#2

Project Description: The Manchester Health Department School Based Oral Health Program has expanded into a full-service dental program, providing diagnostics, preventive services and education to low-income children without a dentist at Manchester public schools. This care is provided by a public health dental hygienist & a public health dental assistant on the mobile dental van during school hours, and when billable, Medicaid reimbursement is processed.

Federal Grants Federal Grant: No Grant Executed:

Environmental Review Required: No Completed:

Critical Events

1.	Project Initiation	09/01/2023
2.	Project Completion	6/30/2025
3.		
4.		
5.		
		6/30/2025

Line Item Budget

	OTHER			TOTAL
Salaries and Wages	$23,759.00	$0.00	$0.00	$23,759.00
Fringes	$14,500.00	$0.00	$0.00	$14,500.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$21,741.00	$0.00	$0.00	$21,741.00
TOTAL	**$60,000.00**	**$0.00**	**$0.00**	**$60,000.00**

Revisions:
#1 7/2/2024 - Increase budget by $10,000 (OTHER): from $50,000 to $60,000 #2- 12/17/24 extend completion date from 12/31/24 to 6/30/25

Comments: Funding $60,000 From NH Medicaid

Planning Department/Startup Form - 07/1/20 **$60,000.00**

CIP BUDGET AUTHORIZATION

CIP#:	610123	Project Year:	2023	CIP Resolution:	5/17/2022
Title:	Easterseals NH The Way Home-TBRA			Amending Resolution:	7/11/2023
Administering Department	Easterseals New Hampshire			Revision:	#6

Project Description: HOME funds for tenant based rental assistance to help very low income tenants secure and remain in safe, affordable housing. Funds may be used to assist homeless/at-risk homeless families and individuals for housing relocation and stabilization.

Federal Grants	Federal Grant:	Yes	**Environmental**	Review Required:	Yes
	Grant Executed:			Completed:	Yes

Critical Events

1.	Project Initiation	7/1/2022
2.	Project Completion	12/31/2025
3.		
4.		
5.		
		12/31/2025

Line Item Budget	HOME-ARP			TOTAL
Salaries and Wages	$0.00	$0.00	$0.00	$0.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$70,000.00	$0.00	$0.00	$70,000.00
TOTAL	**$70,000.00**	**$0.00**	**$0.00**	**$70,000.00**

Revisions:

#1 Decreases ESG funds $45,195.76 (from $45,195.76 to $0) and transfers funds to CIP #810623.
#2 Increases Budget $70,000 (from $0 to $70,000). HOME-ARP transferred from CIP #610722
#3 Extend completion date from 6/30/2023 to 12/31/2023.. #4 - 2/6/24 Extend completion date from 12/31/23
to 6/30/24. #5-7/2/24 Extend completion date from 6/30/24 to 12/31/2024 #6-12/17/24 Extend completion date from

Comments: 12/31/2024 to 12/31/2025

Authorization of Entitlement funds is contingent upon HUD grant execution.

Planning Department/Startup Form - 07/1/20 **$70,000.00**

CIP BUDGET AUTHORIZATION

CIP#:	610824	Project Year:	2024	CIP Resolution:	6/6/2023
Title:	Easterseals NH - Tenant Based Rental Assistance			Amending Resolution:	
Administering Department	Easterseals New Hampshire			Revision:	#2

Project Description: HOME funds for tenant based rental assistance to help very low income tenants secure and remain in safe, affordable housing. Funds may be used to assist homeless/at-risk homeless families and individuals for housing relocation and stabilization.

Federal Grants	Federal Grant:	Yes	**Environmental**	Review Required:	Yes
	Grant Executed:			Completed:	Yes

Critical Events

1.	Project Initiation	7/1/2023
2.	Project Completion	12/31/2025
3.		
4.		
5.		
		12/31/2025

Line Item Budget	HOME			TOTAL
Salaries and Wages	$0.00	$0.00	$0.00	$0.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$70,000.00	$0.00	$0.00	$70,000.00
TOTAL	**$70,000.00**	**$0.00**	**$0.00**	**$70,000.00**

Revisions: #1 - 7/2/24 Extend completion date from 6/30/2024 to 12/31/2024 #2 - 12/17/24 Extend completion date from 12/31/2024 to 12/31/2025

Comments: Authorization of Entitlement funds is contingent upon HUD grant execution.

Planning Department/Startup Form - 07/1/20

$70,000.00

CIP BUDGET AUTHORIZATION

CIP#:	710024	Project Year:	2024	CIP Resolution:	6/6/2023
Title:	Annual Street Reconstruction (CDBG)			Amending Resolution:	7/2/2024
Administering Department	DPW-Highway			Revision:	#4

Project Description: Annual CDBG program to reconstruct City streets that can no longer be resurfaced due to lack of curb reveal or poor base material. In addition to roadway reconstruction, the work will include storm drainage upgrades, installing/resetting curb, repairing sidewalks, lighting and any other right-of-way improvements determined to be required. Neighborhoods targeted for improvements must be located in income eligible Census Tracts.

Federal Grants	Federal Grant:	Yes	**Environmental**	Review Required:	Yes
	Grant Executed:			Completed:	

Critical Events

1.	Project Initiation	4/18/2023
2.	Project Completion	12/31/2025
3.		
4.		
5.		
		12/31/2025

Line Item Budget	CDBG	BOND		TOTAL
Salaries and Wages	$0.00	$0.00	$0.00	$0.00
Fringes	$0.00	$0.00	$0.00	$0.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$507,641.59	$24,679.30	$0.00	$532,320.89
TOTAL	**$507,641.59**	**$24,679.30**	**$0.00**	**$532,320.89**

Revisions:

#1 - Transfer $140,000 CDBG to CIP 711423 (decreasing budget from $400,000 CDBG to $260,000 CDBG)
#2- Increase Budget $73,312.75 ($48,633.45 - CDBG, $24,679.30 BOND) from CIP 711423 and Accept $51,279.28
CDBG from CIP 711822 (budget increase $260,000 to $384,592.03). #3-7/2/2024 Increase budget $147,728.86 CDBG
($359,912.73 to $507,641.59 CDBG) increasing total budget from $384,592.03 to $532,320.89 #4 -12/17/24 extend

Comments:

completion date from 6/30/2024 to 12/31/2025

Authorization of Entitlement funds is contingent upon HUD grant execution. 7/2/24 - $47,728.86 CDBG transferred from CIP #710422 and $100,000 CDBG transferred from CIP #711724,

Planning Department/Startup Form - 07/1/20 **$532,320.89**