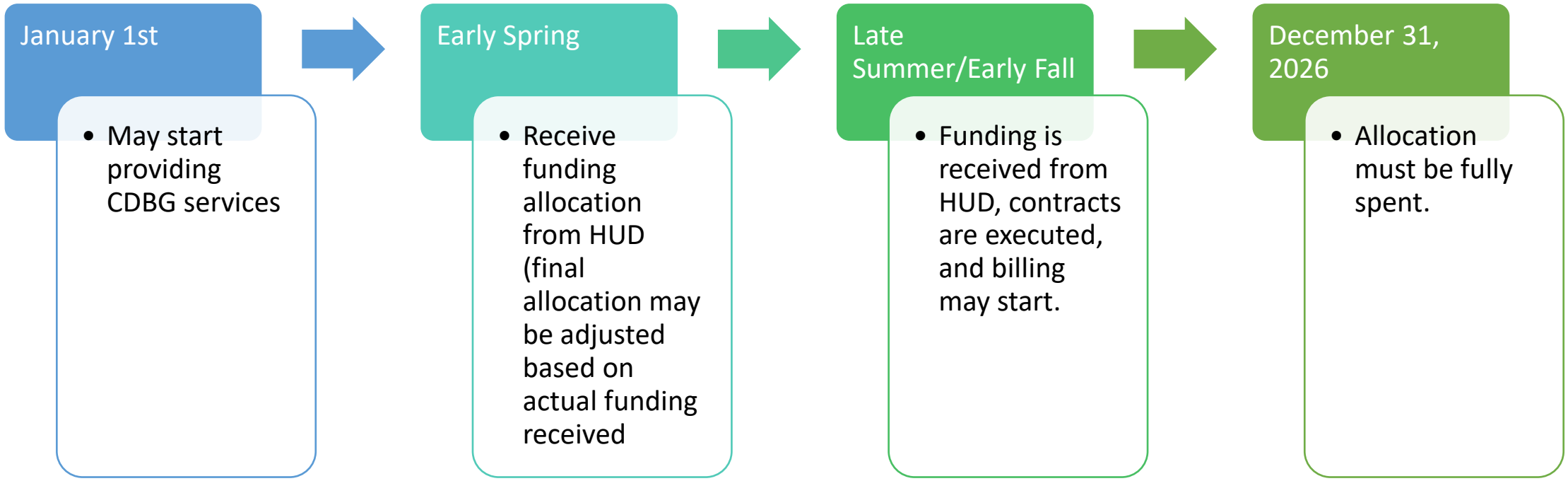
2026 Community Development Block Grant For Richland Residents

Estimated Timelines:



CDBG Beneficiaries

Two Types of Beneficiaries

1. Presumed Eligible
2. Income Eligible

PRESUMED ELIGIBLE

Group	Income Level
Abused Children	Extremely low income
Elderly (over 62)	Moderate income (for center-based services such as a senior center) Low income (non-center-based services)
Battered Spouses	Low income
Homeless persons	Extremely low-income
Severely disabled adults	Low income (unless income is obtained placing them in a different category).
Illiterate adults	Low income
Persons with AIDS	Low income
Migrant farm workers	Low income

Abused Children

Children under the age of 18 who have:

- Been sexually abused
- Been exploited
- Had a physical injury
- Experienced negligent treatment / maltreatment under circumstances, which cause harm to the child's health, welfare, or safety
- Negligent treatment or maltreatment means an act, a failure to act, or the cumulative pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a child's health, welfare, or safety.
- Poverty, homelessness, or exposure to domestic violence as defined in RCW 26.50.010 that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself. Evidence of a parent's or caregiver's substance abuse as a contributing factor to negligence or maltreatment will be considered.

Elderly Persons

A person at least 62 years of age or older.

Battered Spouse

A person aged 18 or older who has:

- Been a victim of abusive, violent behavior
- Received threat of abuse or violence, by a partner in an intimate relationship such as marriage, dating, family, friends, or cohabitation.

Homeless Persons

Individual who lacks a fixed, regular, and adequate nighttime residence, and who has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill).
- An institution that provides a temporary residence for individuals intended to be institutionalized.
- A public or private place not designed for, ordinarily used as, a regular sleeping accommodation for human beings.

Severely Disabled Adults

Persons aged 18 or older and are classified as having a severe disability if they:

- Have used a wheelchair or another special aid for 6 months or longer
- Are unable to perform one or more:
    - Functional activities (include seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking).
    - Activities of daily living (getting around inside the house, getting in and out of bed or a chair, bathing, dressing, eating, and toileting).
    - Instrumental activities of daily living (independently going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone).
- Prevented from working at a job or doing housework.
- Had a condition including Autism, Cerebral Palsy, Alzheimer's disease, senility, or intellectual disability.
- Persons who are under 65 years of age and who are covered by Medicare or receive SSI.

Illiterate Adults

Persons aged 18 or older who are unable to read, write, and communicate language clearly.

Person Living With The Disease Aids

The disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Migrant Farm Workers

A U.S. Citizen or legal alien who moves from a permanent place of residence to be employed in agricultural work, and the transient nature of their work limits them from obtaining any permanent type of local residency and federal/state assistance. Seasonal farm workers perform similar work but do not move from their primary residence for the purpose of seeking farm employment and are not eligible under the presumed benefit category.

Worksheet to include with Quarterly Report

To be included with the Quarterly Report

Presumed Eligibility Self Certification Form

First Name _____ Last Name _____

Address _____

Female Head of Household *(not applicable to 1 person households)* ☐ Yes ☐ No

Disabled ☐ Yes ☐ No

Ethnicity *(select one)*	☐ Not Hispanic ☐ Hispanic

Race *(select one)*		
	☐ White	☐ American Indian / Alaskan Native **AND** White
	☐ Black / African American	☐ Asian **AND** White
	☐ Asian	☐ Black / African American **AND** White
	☐ American Indian / Alaskan Native	☐ American Indian / Alaskan Native **AND**
	☐ Native Hawaiian / Other Pacific Islander	Black / African American
	☐ Other multi-racial (list):	

If the participant is eligible for presumed CDBG assistance per 24 CFR 570.208(a)(2)(A), select all that apply:

- ☐ Abused Children
- ☐ Elderly Person (62+)
- ☐ Battered Spouse / Domestic Violence Victim
- ☐ Homeless Person
- ☐ Severely Disabled Adult (18+) per U.S. Census Definition
- ☐ Illiterate Adults
- ☐ People with AIDS
- ☐ Migrant Farm Workers

By signing below, I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge. I realize that willful falsification by me may subject me to penalties as provided in federal and Washington State Law RCW 74.08.055. I understand that if I have willfully misrepresented any information, I will be disqualified from participation in the Program.

_____ Client Signature

_____ Date

_____ Agency Signature

_____ Date

DOCUMENTATION TO MEET THE CDBG NATIONAL OBJECTIVE UNDER PRESUMED ELGIBILE

Agencies serving a presumed benefit clientele must retain in the client file substantiation of the client's eligibility presumption category.

- A signed and dated self-certification form stating that the assisted person qualifies based on a specific presumed benefit category.
- Documentation of presumed eligibility includes:
    - A current written letter from their doctor, case-manager, or other professional third-party entity, or
    - Proof of receiving federal or state benefits such as social security award letters, supplemental security award letters, placement as a foster child, etc.

PUBLIC SERVICE NOT A PRESUMED BENEFIT

Total GROSS **family** annual income not to exceed 60% of AMI.

2025 INCOME LIMITS

		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
EXTREMELY LOW-INCOME	(30% AMI)	$22,200	$25,400	$28,550	$31,700	$34,250	$36,800	$39,350	$41,850
VERY LOW-INCOME	(50% AMI)	$37,000	$42,250	$47,550	$52,800	$57,050	$61,250	$65,550	$69,700
PROJECT SPECIFIC	(60% AMI)	$44,400	$50,700	$57,060	$63,360	$68,460	$73,500	$78,600	$83,640

FAMILY DEFINITION

All persons living in the same household who are related by birth, marriage, or adoption.

A child who is subject to a shared-custody agreement in which the child resides with the household at least fifty-one percent (51%) of the time can be counted in the family size. For a child who is subject to a shared-custody agreement in which the child resides with each family / household fifty percent (50%) of the time, determination of inclusion will be based on eligibility as a dependent for income tax purposes.

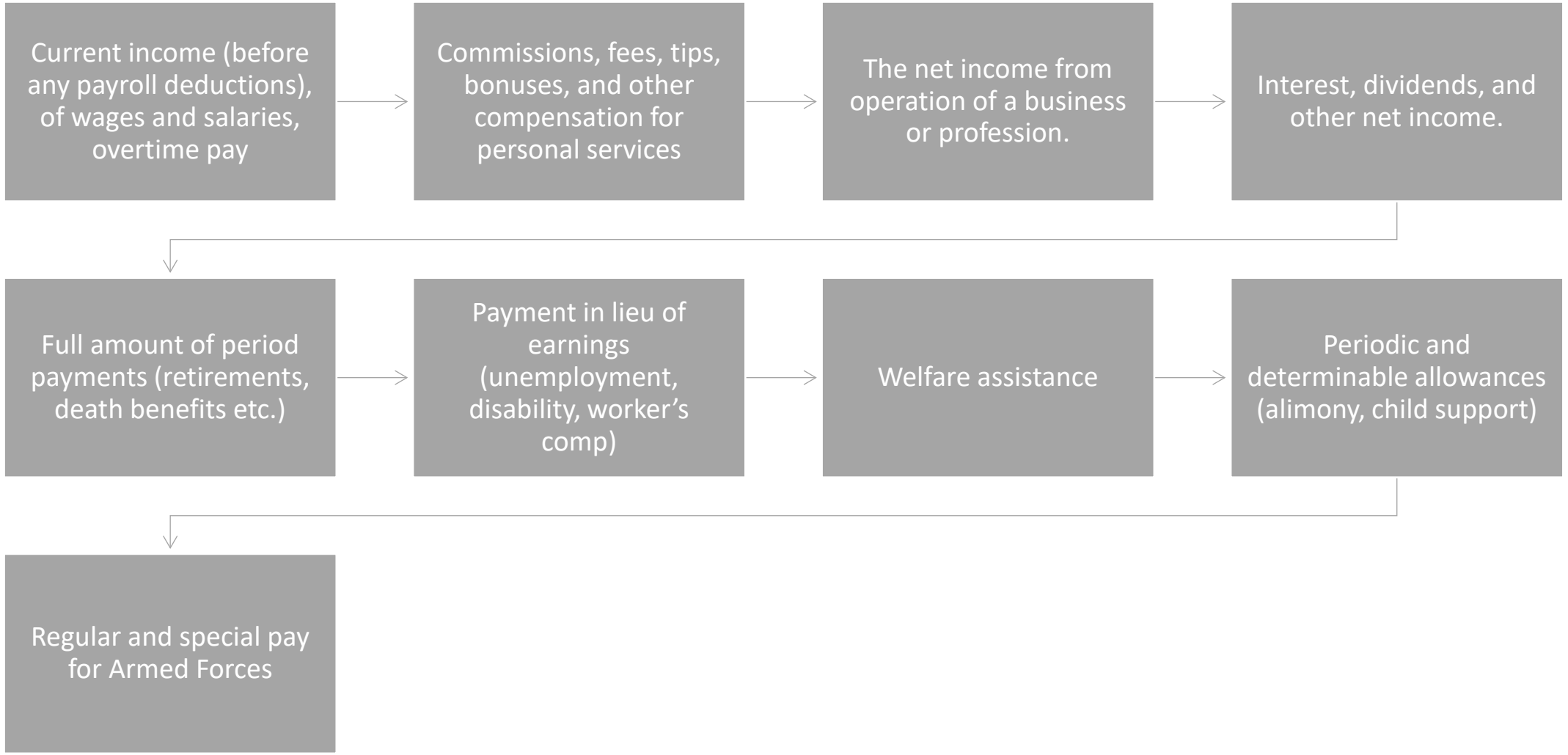
Annual income requirements are based on 24 CFR PART 5.

- All income earned by all adults (18+) within the household (even if temporarily absent).

- Unearned income attributed to a minor under the age of 18 (e.g., child support, TANF payments, SSI payment, and other benefits paid on behalf of a minor).

- All earned and unearned income anticipated to be received during the next 12 months.

Income to Include:



Income to exclude:

- Income from employment of children under 18 years old (including foster care)
- Lump sum to assets such as inheritance, insure payments
- Amounts received specifically for medical costs for any family member
- Income of a live-in aide
- Student financial aid
- Special pay to a family member in Armed Forces who is exposed to hostile fire
- Amount received by other publicly funded program specifically for reimbursement of out-of-pocket expenses
- Incremental earnings resulting from participating in qualifying state or local employment training program
- Earnings in excess of $480.00 per month for each full-time student 18 years and older
- Adoption assistance in excess of $480.00 per month per adopted child
- Income recently terminated that is not anticipated to be received again during the next 12 months

For specific circumstances refer to the guide and/or call me

DOCUMENTATION OF INCOME

- Current employment paystubs (2 months) showing payment period and year to date gross earnings.
- Verification of employment signed and dated by the employer showing gross total earnings and paid through date.
- Most current year income tax return with W2s, 1099s, etc.
- Current profit / loss statement, if self-employed.
- Benefit award letters.
- Two months of bank statements.
- Unemployment or disability benefit statement.
- Court orders or decrees.
- Verification of full-time student status, if aged 18 or older.

Annualizing Wages and Periodic Payments

- Review two (2) months current source documentation and the most recent income tax return with supporting W2's, 1099's, etc. (self-employment may need to take an average of 3 years).
- Add the documented gross amount earned from the two most current source documents.
- Use the following calculations to convert the average wage into annual income:
    - **Hourly wage** – multiply the hourly wage by the number of hours worked per week multiplied by 52
    - **Weekly wage** – multiply the weekly wage by 52
    - **Bi-weekly wage (every other week)** – multiply the bi-weekly wage by 26
    - **Semi-monthly wage (twice a month)** – multiply the semi-monthly wage by 24
    - **Monthly wage** – multiply the monthly wage by 12

PERIODIC EMPLOYMENT

- To annualize other than full-time income, multiply the wages by the actual number of hours or weeks the person is expected to work.

PUBLIC ASSISTANCE

- For public assistance benefits (e.g., SSI, food stamps), a benefits statement received any time within the twelve months prior to the time of application and reflecting current benefits received by an applicant is allowed. A copy of a recent bank statement indicating direct deposit of benefit(s) is also acceptable.

ZERO INCOME

- If there is an adult member listed on the application form who does not receive any income, the *Certification of Zero Income* form needs to be completed.

Calculation to Determine Eligibility

To determine eligibility, review the income limits table on the Public Service Participation and Income form with the family size. Is the family income for the household size sixty percent(60%) or less than the Area Median Income?

If so, the family/individual will qualify for the program based on income.

GUIDE:
https://www.richlandwa.gov/home/showdocument?id=16950&isPublished=False&t=638847306497130000

Worksheet to include with Quarterly Report

Public Service Participation and Income Worksheet

Name of Participant _____

Address _____

Head of Household _____ Female Head of Household *Yes / No*

Number of People in Family _____ Household type *1-Single, Non-Elderly 2-Elderly 3-Single Parent 4-Two Parents 5-Other*

	Person 1	*Person 2*	*Person 3*	*Person 4*	*Person 5*
Wages / Salary* *(before payroll deductions)*					
Net Income *(from operation of a business)*					
Interest / Dividends					
Social Security					
Retirement Funds					
Pensions					
Disability or Death Benefits					
Annuities					
Insurance Policies					
TOTAL *(Add all items above)*					

**Includes overtime, commissions, fees, tips, and bonuses.*

Total Gross Income *(of everyone over 18)* _____

2024 INCOME LIMITS
CDBG - May 1, 2024 / HOME - June 1, 2024

		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON
EXTREMELY LOW-INCOME	(30% AMI)	$21,000	$24,000	$27,000	$29,950	$32,350	$34,750	$37,150
VERY LOW-INCOME	(50% AMI)	$35,000	$40,000	$45,000	$49,950	$53,950	$57,950	$61,950
PROJECT SPECIFIC	(60% AMI)	$42,000	$48,000	$54,000	$59,940	$64,740	$69,540	$74,340
LOW-INCOME	(80% AMI)	$55,950	$63,950	$71,950	$79,900	$86,300	$92,700	$99,100

* Calculate AMI for a more than 9-person household by adding 8% for each member over 4-person AMI (e.g., 9 person is 140% of 4-person AMI).

Percentage Area Median Income _____ *30% 50% 60% 80%*

Use your household gross income and the table above to determine Percentage Area Median Income.

By signing below, I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge. I realize that willful falsification by me may subject me to penalties as provided in federal and Washington State Law RCW 74.08.055. I understand that if I have willfully misrepresented any information, I will be disqualified from participation in the Program.

_____ _____
Client Signature Date

Page 2

Public Service Participation and Income Worksheet

	Person 1	Person 2	Person 3	Person 4
First Name				
Last Name				
Age				
Senior (62+)				
Disabled				
Race				
White				
Black / African American				
Asian				
American Indian / Alaskan Native				
Native Hawaiian / Other Pacific Islander				
*American Indian / Alaskan Native **AND** White*				
*Asian **AND** White*				
*Black / African American **AND** White*				
*American Indian / Alaskan Native **AND** Black / African American*				
Other multi-racial (list):				
Ethnicity				
Hispanic				
Not Hispanic				

By signing below, I declare under penalty of law that the information given by me in this application is true, correct and complete to the best of my knowledge.
I realize that willful falsification by me may subject me to penalties as provided in federal and Washington State Law RCW 74.08.055.
I understand that if I have willfully misrepresented any information, I will be disqualified from participation in the Program.

Client Signature

Date

Zero Income Certification

Certification of Zero Income

This form is to be completed by a household member aged 18 or older who claims no income from any source.

Name: _____

I hereby certify that:

(1) I do not receive income from any of the following sources:

a) Wages from employment (including commissions, tips, or bonuses)
b) Alimony, child support, or maintenance
c) Income from operation of a business or farm
d) Rental income from real estate or personal property
e) Interest or dividends from financial assets
f) Social Security payments or pension payments, including death benefits
g) Payments from annuities, insurance policies, or retirement funds
h) Unemployment, disability, workman's compensation, or severance payments
i) Public assistance payments (excluding SNAP)
j) Recurring gifts from organizations or persons outside my household
k) Alaska PFD, other State, Native American Tribal, or Native Alaskan Village Corporation distributions or dividends

(2) Choose all that apply:

☐ There is no change expected in my income or employment status during the next 12 months*.

☐ I am looking for employment. I have been unemployed since_____.

☐ I am currently a student or in an unpaid apprentice program and not receiving income.

(3) The information provided above is true, complete and accurate. I understand that providing false representations herein may constitute an act of fraud. I acknowledge information provided is being used for specific purpose of determining my household is eligible to receive the benefit of CDBG products. I will fully cooperate with the Program Administrator and Member to obtain or provide any necessary documents to confirm the information provided.

_____ _____

Signature **Date**

**If a person is expecting a change in their income or employment status during the next 12 months, income from those sources should be verified and included in calculation of income. For example, if the person has an offer of employment, or is on temporary leave of absence or laid off from their employer, income from those sources should be included in income calculation.*

Questions

Quarterly Reports

QUARTERY REPORTING

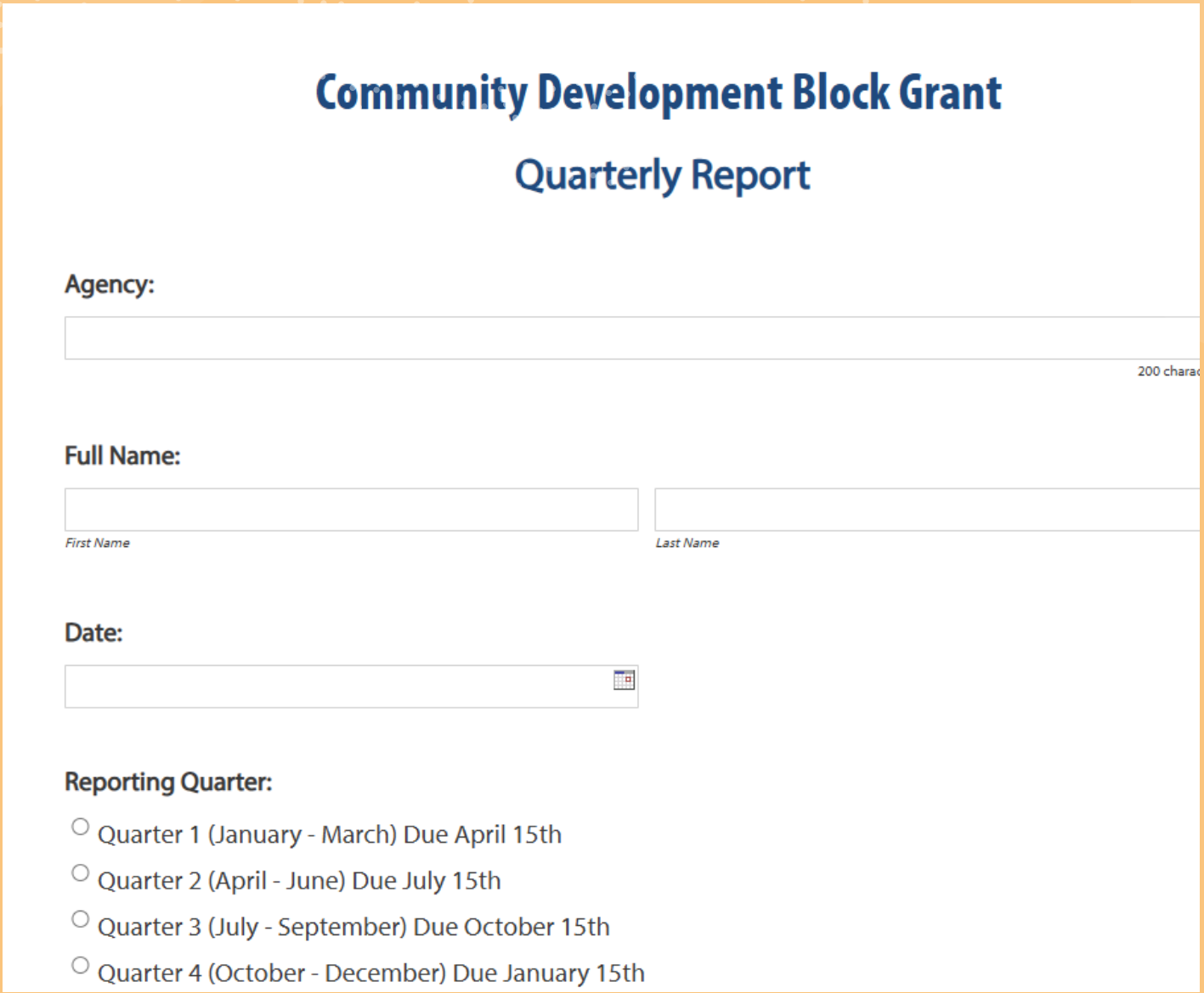
April 15th

July 15th

October 15th

January 15th

Online Quarterly Reports:



Community Development Block Grant

Quarterly Report

Agency:

200 charac

Full Name:

First Name

Last Name

Date:

Reporting Quarter:

- Quarter 1 (January - March) Due April 15th
- Quarter 2 (April - June) Due July 15th
- Quarter 3 (July - September) Due October 15th
- Quarter 4 (October - December) Due January 15th

Unduplicated Persons Assisted This Quarter

THE TOTAL NUMBER OF UNDUPLICATED PERSONS ASSISTED:
(# of persons you provided services for)

Of the total number of unduplicated persons assisted, what type of service did they receive? (**must total # of unduplicated persons assisted**)

If the unduplicated person is a female head of household, elderly or disabled list here

Total Number of Unduplicated Persons Assisted This Quarter (if greater than 0 must include elgibiltiy forms):

Number of Unduplicated Persons That Recieved Meals:

Number of Unduplicated Persons Prevented From Being Homeless:

Number of Unduplicated Persons That Participated In Recreational/Educational Activities:

Other (List Service and Number of Unduplicated Persons):

Total Number of Persons Who Are Female Head of Household:

Total Number of Persons Who Are Elderly (Age 62 and Above):

Total Number of Persons Who Are Disabled:

Documenting Income Based on Income Verification or Presumed Benefit

Beneficiary Income Data

Income Verification:

		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
EXTREMELY LOW-INCOME	(30% AMI)	$22,200	$25,400	$28,550	$31,700	$34,250	$36,800	$39,350	$41,850
VERY LOW-INCOME	(50% AMI)	$37,000	$42,250	$47,550	$52,800	$57,050	$61,250	$65,550	$69,700
PROJECT SPECIFIC	(60% AMI)	$44,400	$50,700	$57,060	$63,360	$68,460	$73,500	$78,600	$83,640
LOW-INCOME	(80% AMI)	$59,150	$67,600	$76,050	$84,500	$91,300	$98,050	$104,800	$111,550

*Calculate AMI for a more than 9-person household by adding 8% for each member over 4-person AMI (e.g., 9 person is 140% of 4-person AMI).

Presumed Eligibility:

Group	Income Level
Abused Children	Extremely low income
Elderly (over 62)	Moderate income (for center-based services such as a senior center) Low income (non-center-based services)
Battered Spouses	Low income
Homeless persons	Extremely low-income
Severely disabled adults	Low income (unless income is obtained placing them in a different category).
Illiterate adults	Low income
Persons with AIDS	Low income
Migrant farm workers	Low income

Total Below Must Equal The Number of Unduplicated Persons Assisted.

Total Number of Extremely Low-Income (Below 30%):

Total Number of Very Low-Income (Above 30% Below 50%):

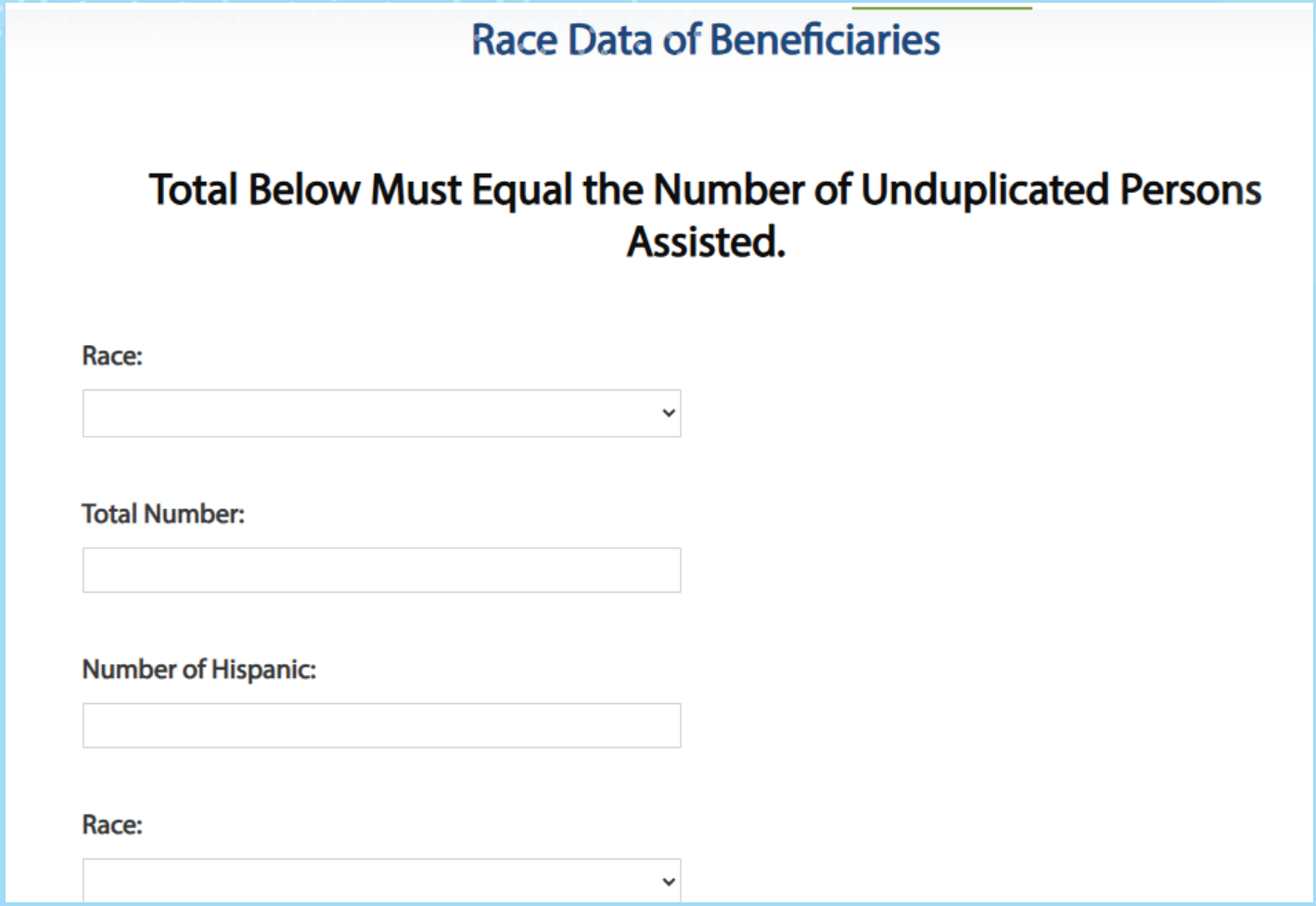
Total Number of Low-Income (Above 50% Below 80%):

Total Number of Non-Low Income (Moderate) (Above 80%):

Document race data for the number of unduplicated person using the dropdown menu and total number that identified under the specific race.

Under that race the number that identified as Hispanic

(total must be the same as # 1 unduplicated personas assisted)



Expenditure of Funds For Reported Unduplicated Persons

Amount of CDBG Grant Spent This Quarter:

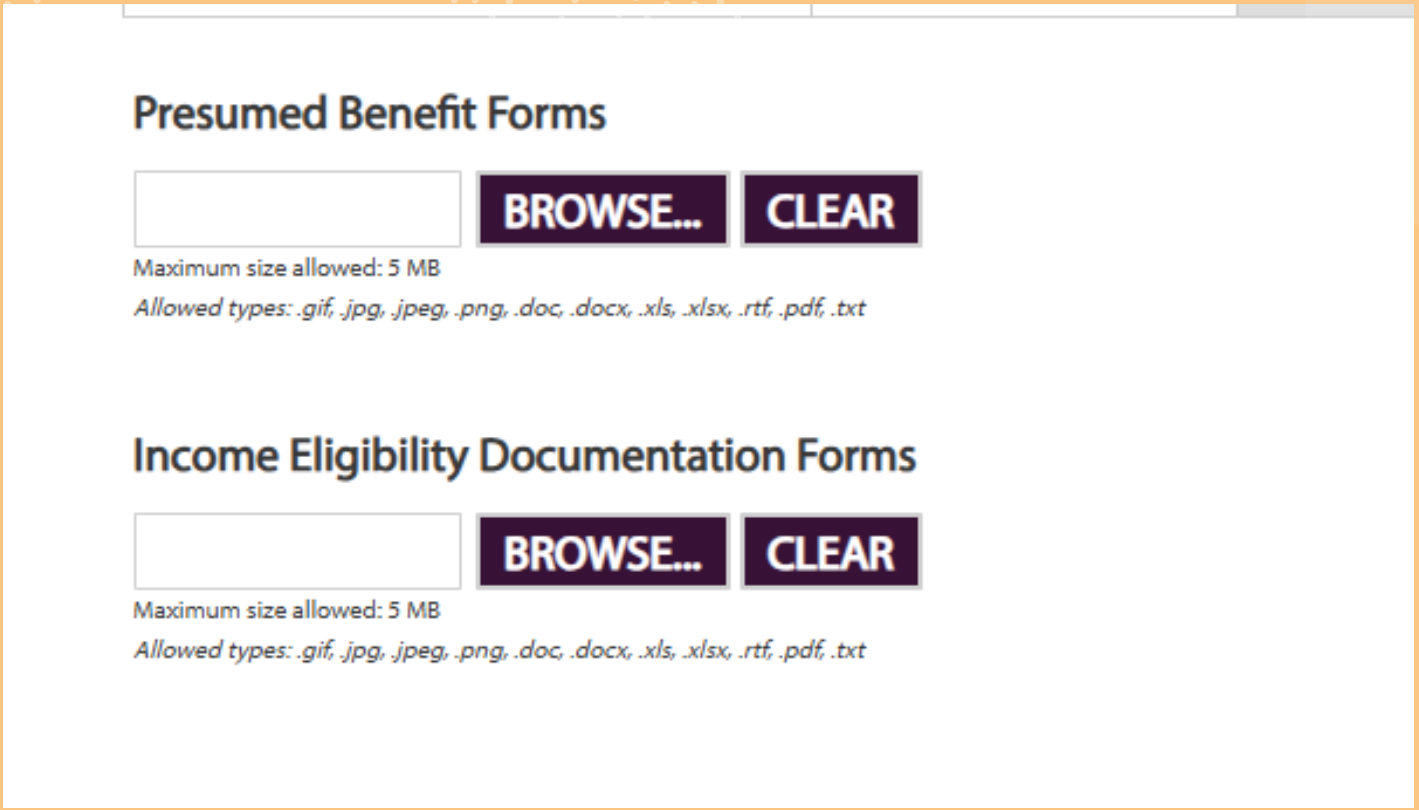
200 characters

Other Funding Sources Utilized (Funding Source(s) and Amount(s)):

200 characters

DOCUMENTATION TO ATTACH WITH QUARTERLY REPORT

Need a form for each unduplicated person you reported.



Sample Report Exercise

- https://www.richlandwa.gov/programs/community-development-block-grant/cdbg-subrecipient-resources/-fsiteid-7#!/

Invoice and Disbursements

Invoice and Disbursement Request Form

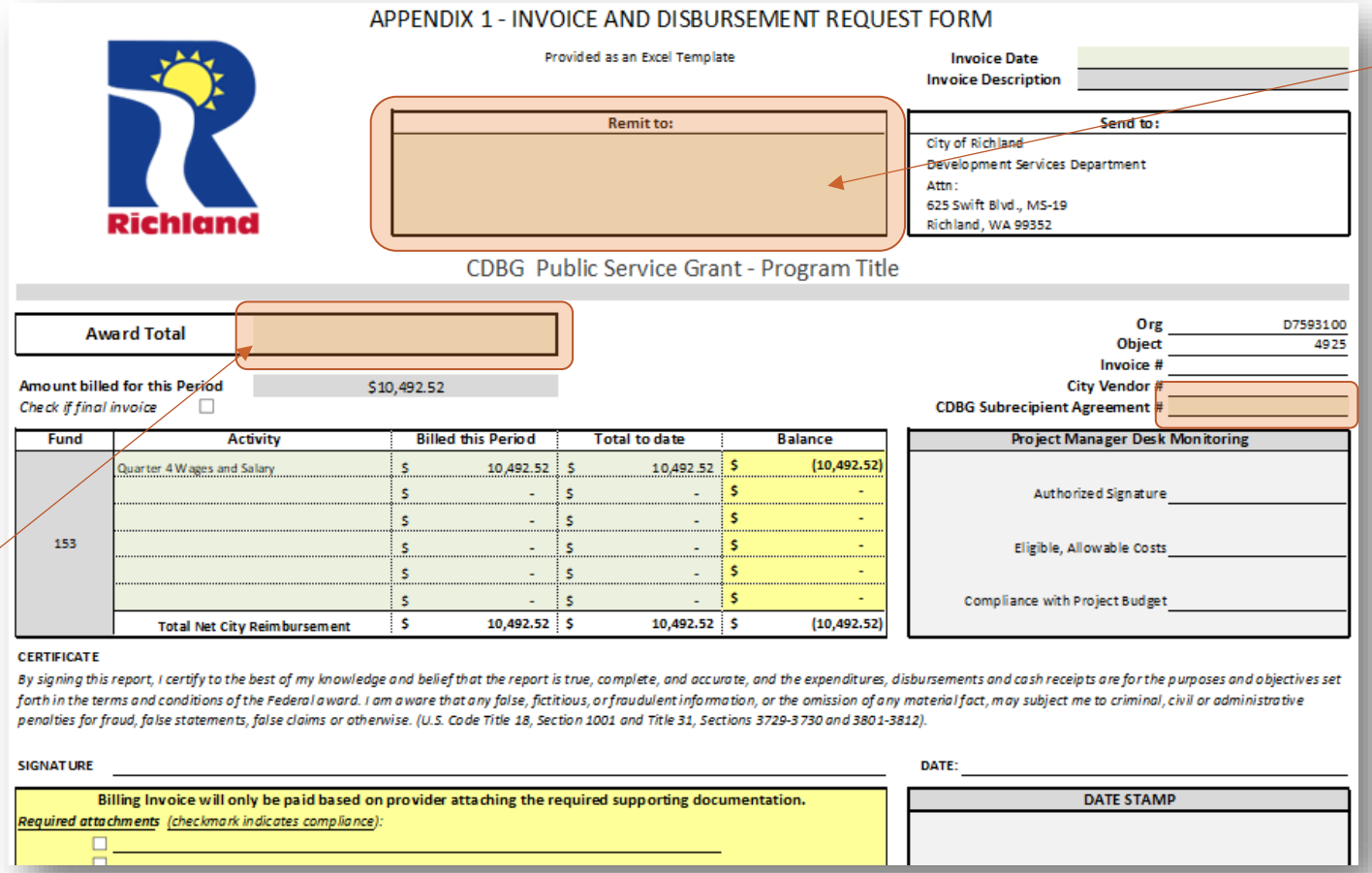
HOW TO FILL OUT A CDBG INVOICE AND DISBURSEMENT FORM

The Invoice and Disbursement Request can be submitted anytime after contracts are signed.

You do not need to wait until your quarterly reports are due.

The Invoice will be Provided as an Excel Document Once Contract is Executed

These section is prefilled.



APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM

Provided as an Excel Template

Invoice Date
Invoice Description

Remit to:

Send to:
City of Richland
Development Services Department
Attn:
625 Swift Blvd., MS-19
Richland, WA 99352

CDBG Public Service Grant - Program Title

Award Total

Amount billed for this Period $10,492.52
Check if final invoice

Org D7593100
Object 4925
Invoice #
City Vendor #
CDBG Subrecipient Agreement #

Fund	Activity	Billed this Period	Total to date	Balance
153	Quarter 4 Wages and Salary	$ 10,492.52	$ 10,492.52	$ (10,492.52)
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	Total Net City Reimbursement	$ 10,492.52	$ 10,492.52	$ (10,492.52)

Project Manager Desk Monitoring

Authorized Signature
Eligible, Allowable Costs
Compliance with Project Budget

CERTIFICATE

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE

DATE:

Billing Invoice will only be paid based on provider attaching the required supporting documentation.
Required attachments (checkmark indicates compliance):

DATE STAMP

Remit to:

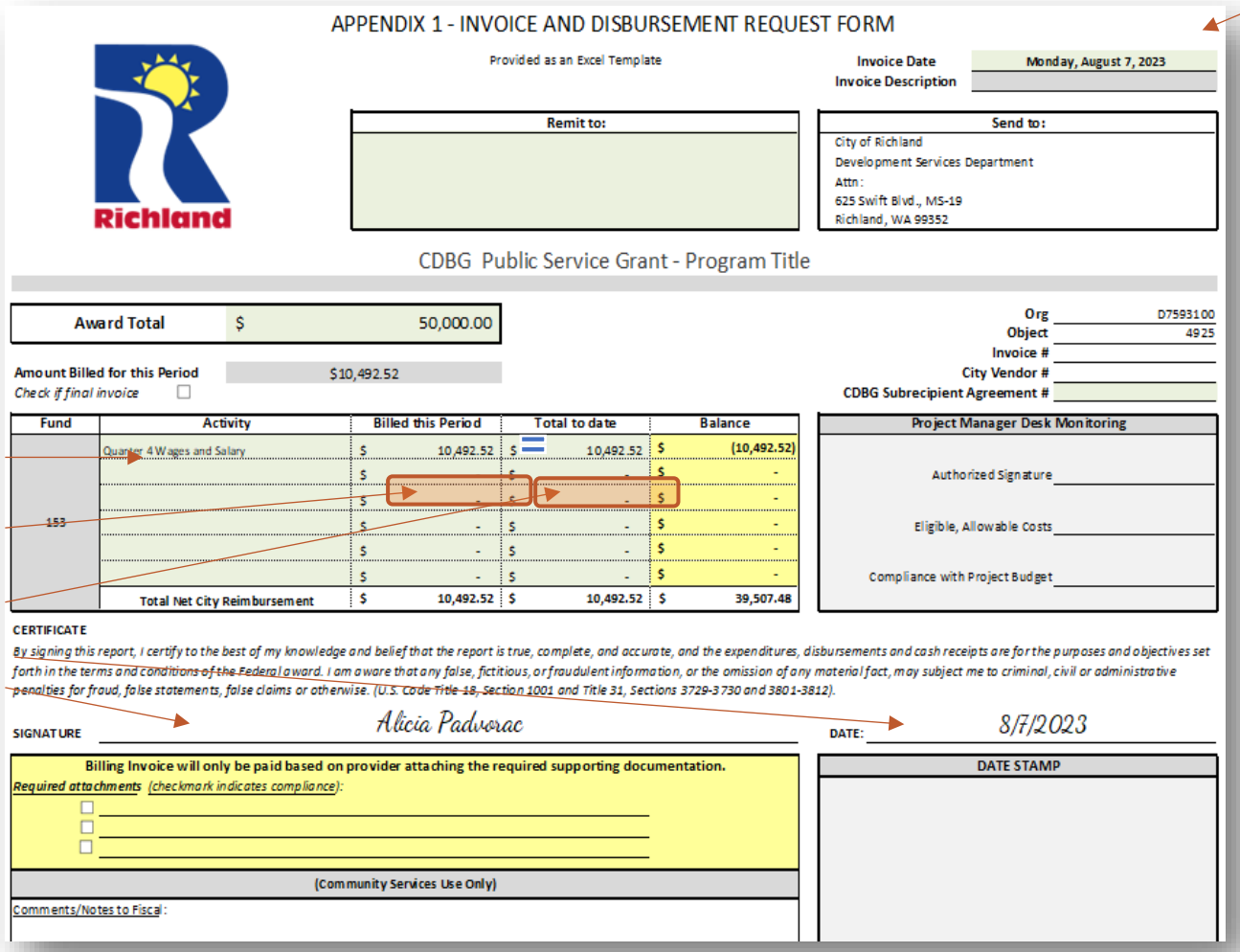
CDBG Subrecipient Agreement

Amount awarded

How To Fill out and **Initial** Invoice

1. Invoice Date
2. The activity that occurred
3. Amount you are requesting for this invoice
4. The first invoice, **Total to date** should match **Billed this Period**.
5. Sign and Date

•**Amount Billed for this Period** and **Total Net City Reimbursement** should match.



APPENDIX 1 - INVOICE AND DISBURSEMENT REQUEST FORM

Provided as an Excel Template

Invoice Date: Monday, August 7, 2023
Invoice Description:

Remit to:

Send to:
City of Richland
Development Services Department
Attn:
625 Swift Blvd., MS-19
Richland, WA 99352

CDBG Public Service Grant - Program Title

Award Total: $ 50,000.00

Amount Billed for this Period: $10,492.52
Check if final invoice ☐

Org: D7593100
Object: 4925
Invoice #:
City Vendor #:
CDBG Subrecipient Agreement #:

Fund	Activity	Billed this Period	Total to date	Balance
	Quarter 4 Wages and Salary	$ 10,492.52	$ 10,492.52	$ (10,492.52)
		$ -	$ -	$ -
		$ -	$ -	$ -
153		$ -	$ -	$ -
		$ -	$ -	$ -
		$ -	$ -	$ -
	Total Net City Reimbursement	$ 10,492.52	$ 10,492.52	$ 39,507.48

Project Manager Desk Monitoring
Authorized Signature
Eligible, Allowable Costs
Compliance with Project Budget

CERTIFICATE
By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

SIGNATURE: Alicia Padvorac
DATE: 8/7/2023

Billing Invoice will only be paid based on provider attaching the required supporting documentation.
Required attachments (checkmark indicates compliance):
☐
☐
☐

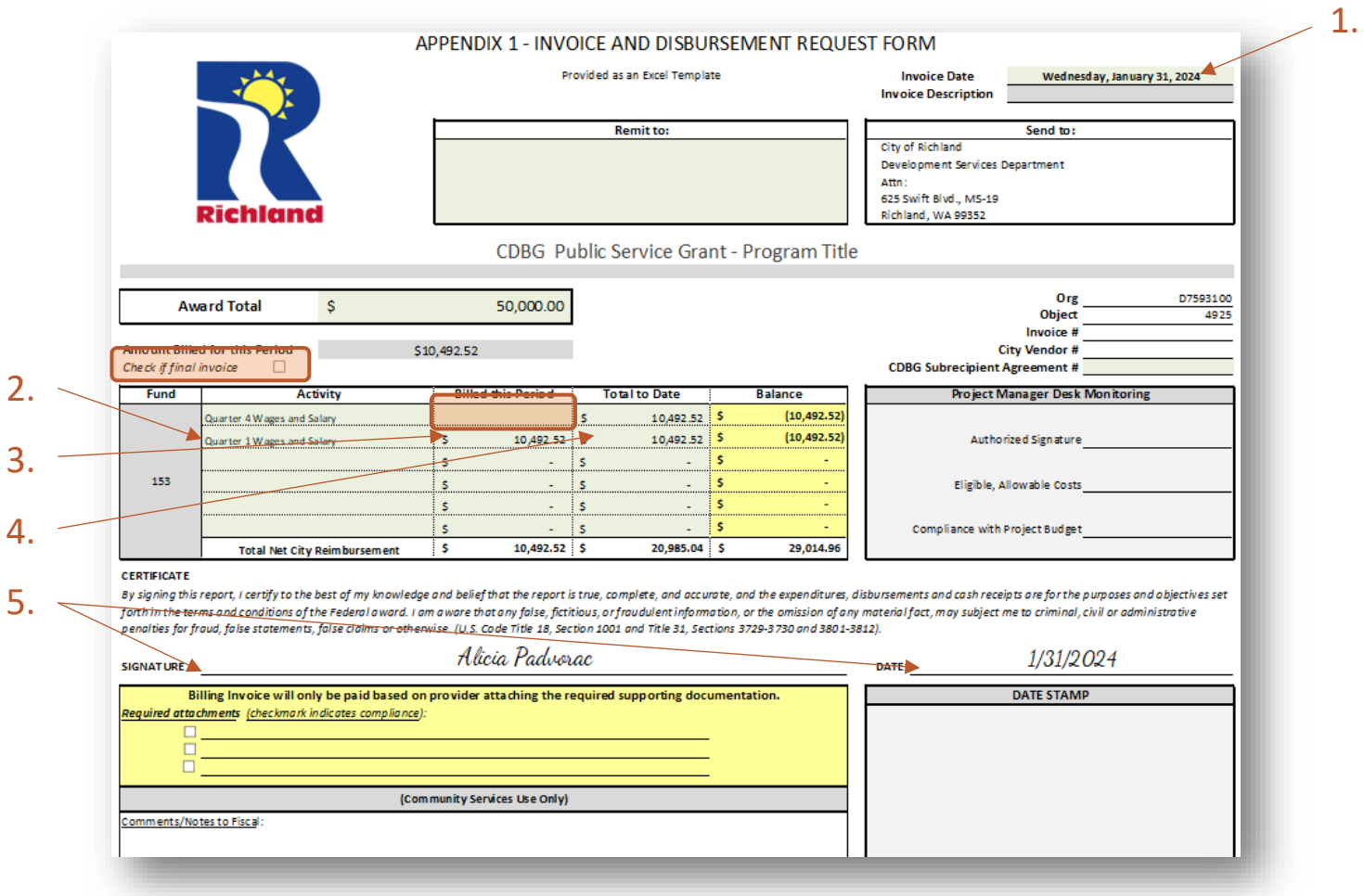
DATE STAMP

(Community Services Use Only)
Comments/Notes to Fiscal:

1.
2.
3.
4.
5.

How To Fill out Subsequent/Final Invoice

- Start with last invoice submitted.
- Delete **Billed this Period** values (*do not delete* ***Activity*** *or* ***Total to Date*** *values*).
  1. Update the **Invoice Date**
  2. Add new **Activity/Activities**
  3. Add your **Billed this Period** amounts
  4. Add **Total to Date** amount(s) with the new **Billed this Period** amounts
  5. Sign and Date
- **Amount Billed for this Period** and **Total Net City Reimbursement** should match.
- *Make sure* ***Check if Final Invoice*** *box is checked if this is your final invoice. By checking this box your project will be closed out.*



Sample Invoice Exercise

Requirement For Reimbursement

CDBG Invoice and Disbursement Request Form

Back-up documents such as expense reports, payroll summaries, time sheets, receipts etc.

Questions?

Website
https://www.richlandbusiness.com/programs/community-development-block-grant/cdbg-subrecipient-resources