Commonwealth of Massachusetts
Executive Office of Housing and Economic Development

Department of Housing and Community Development

FY23 Community Services Capital Grants Webinar

Agenda

- Welcome and Introductions
- Grant Programs Overview
- Contracting Information
- Fiscal Information
- Program Information
- Questions and Answers

Welcome

DHCD
Community Services Division

Chris Kluchman, FAICP
Deputy Director
Chris.Kluchman@mass.gov

Filipe Zamborlini
Community Grants Coordinator
Filipe.Zamborlini@mass.gov

Kristen Crowley
Fiscal Director
Kristen.Crowley@mass.gov

Brett Morton
Fiscal Representative
Brett.Morton2@mass.gov

Julissa Tavarez
Contracts Manager
Julissa.Tavarez@mass.gov

Daishawn Riddick
Contracts Specialist
Daishawn.Riddick@mass.gov

Grant Programs Overview

- One Stop
- Community Planning
- Housing Choice
- Rural and Small Town

Community One Stop

The Community One Stop for Growth is a single application portal and collaborative review process of grant programs that make targeted investments based on a Development Continuum. This process will streamline the experience for the applicant and better coordinate economic development programs and staff on engagement and grant making.

Awards granted: **335**

Amount awarded: **$143,248,787**

Highlights:

- Simultaneous grant consideration.
- Collaborative review process.
- Projects that would otherwise not be awarded due to funding limits have received awards from other grant programs.
- Significant increase between FY22/23 of funded projects per grant thanks to collaborative reviews:

	CP	HC	RST
FY22 % Funded	24%	78%	28%
FY23 % Funded	85%	90%	72%

Community Planning

FY23 Community Planning grants may be used for a variety of activities related to land use, such as development of a Master Plan, Housing Production Plan, Zoning Review and Updates, Urban Renewal Plan, Land Use Plan, Downtown Plan, Parking Management Plan, Feasibility Study, or Other Strategic Plan.

Applications Received:	**76**
Awards granted:	**40**
Amount awarded:	**$2,386,800.00**
Grant completion date:	**June 30, 2024**

Recipients: Amherst, Ashburnham, Athol, Barnstable, Belmont, Boxborough, Brewster, Dedham, Dracut, Dudley, East Bridgewater, Egremont, Essex, Fairhaven, Freetown, Hampden, Hanson, Harvard, Hudson, Lee, Lenox, Leominster, Leverett, Lowell, Ludlow, Lynn, Malden, Milton, MVPC, Norton, Oxford, Pepperell, Randolph, Sharon, Swampscott, Swansea, Ware, Wareham, West Springfield, Whately

Housing Choice

FY23 Housing Choice grants may be used for a variety of activities related to construction, modernization, or major repair of physical infrastructure, acquisition of property or interests in property; long-lived equipment; or feasibility, engineering or schematic designs for projects; and planning.

Applications Received:	**49**
Awards granted:	**36**
Amount awarded:	**$3,913,384.00**
Grant completion date:	**June 30, 2024**

Recipients: Acton, Amesbury, Amherst, Barnstable, Belchertown, Beverly, Bolton, Burlington, Chelmsford, Eastham, Easton, Lowell, Lynn, Malden, Marlborough, Medfield, Medway, Melrose, Mendon, Merrimac, Methuen, Millis, Newburyport, Newton, North Andover, North Attleborough, Northampton, Plainville, Quincy, Reading, Salisbury, Somerville*, Sudbury, Taunton, Tyngsborough, Westford

Rural & Small Town

FY23 Rural and Small Town grants may be used for a variety of activities related to construction, modernization, or major repair of physical infrastructure, acquisition of property or interests in property; long-lived equipment; or feasibility, engineering or schematic designs for projects; and planning.

Applications Received:	**75**
Awards granted:	**25**
Amount awarded:	**$4,958,995.00**
Grant completion date:	**June 30, 2024**

Recipients: Aquinnah, Avon, Becket, Buckland, Charlemont, Edgartown, Erving, Harvard, Lanesborough, Leicester, Lenox, Leverett, Middleborough, Montague, Oak Bluffs, Provincetown, Rochester, Royalston, Southwick, Spencer, Sterling, Wales, Warren, West Newbury, Whately

MBTA Communities

This new law requires that an MBTA community shall have at least one zoning district of reasonable size in which multi-family housing is permitted as of right and meets other criteria set forth in the statute.

Learn More at:
www.mass.gov/mbtacommunities

TA applications Received:	**14**
TA applications awarded:	**14**
Amount awarded:	**$768,075.00**

Recipients: Acton, Belmont, Essex, Leominster, Malden Marlborough, Medway, Methuen, Millis, Milton, Randolph, Taunton, West Newbury

Highlights:

- First year of TA grants to MBTA Communities.
- All applications for early adoption of MBTA compliance were funded by our grant programs.
- Part of coordinated effort between DHCD, EEA, MHP, and RPAs

Contracting

- Contract Documents
- Contract Process
- Fully Executed Contract

Contract Documents

Have all executed documents returned by email to Contract Manager:

Julissa Tavarez
Julissa.Tavarez@mass.gov

Awardees will receive an ***AdobeSign contract packet*** by email from Julissa Tavarez with instructions and the following documents to be executed by the municipal authorized signatory:

- ✓ Standard Contract Form
- ✓ Scope of Service (Attachment A)
- ✓ Budget (Attachment B)

Contract Documents

Have all executed documents returned by email to Contract Manager:

Julissa Tavarez
Julissa.Tavarez@mass.gov

Due to state rules that require ***wet signatures*** on authorized signatory listing and proof of signatures, the following documents will be emailed separately ***to be wet signed and emailed back*** to complete your contract:

- ✓ Authorized Signatory Listing Form
- ✓ Proof of Authentication Form

See next slides for a sample of each document.

Standard Contract Form

This document must be completed in order to execute a contract. It establishes the contract between DHCD and the awarded entity. Without a complete and accurate SCF, a contract may not be executed.

<u>This document must be signed through AdobeSign.</u>

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM

This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the Standard Contract Form Instructions, Contractor Certifications and Commonwealth Terms and Conditions which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms: https://www.macomptroller.org/forms. Forms are also posted at OSD Forms: https://www.mass.gov/lists/osd-forms.

CONTRACTOR LEGAL NAME: ____ (and d/b/a): ____		COMMONWEALTH DEPARTMENT NAME: Dept. of Housing and Community Development MMARS Department Code: OCD	
Legal Address: (W-9, W-4): ____		Business Mailing Address: 100 Cambridge Street, Suite 300, Boston MA 02114	
Contract Manager: ____	Phone: ____	Billing Address (if different): ____	
E-Mail: ____	Fax: ____	Contract Manager: ____	Phone: ____
Contractor Vendor Code: VC ____		E-Mail: ____	Fax: ____
Vendor Code Address ID (e.g. "AD001"): AD____ (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): ____	
		RFR/Procurement or Other ID Number: ____	

☐ NEW CONTRACT

PROCUREMENT OR EXCEPTION TYPE: (Check one option only)

- ☐ Statewide Contract (OSD or an OSD-designated Department)
- ☐ Collective Purchase (Attach OSD approval, scope, budget)
- ☐ Department Procurement (includes all Grants - 815 CMR 2.00) (Solicitation Notice or RFR, and Response or other procurement supporting documentation)
- ☐ Emergency Contract (Attach justification for emergency, scope, budget)
- ☐ Contract Employee (Attach Employment Status Form, scope, budget)
- ☐ Other Procurement Exception (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)

☐ CONTRACT AMENDMENT

Enter Current Contract End Date Prior to Amendment: ____, 20__

Enter Amendment Amount: $ ____ (or "no change")

AMENDMENT TYPE: (Check one option only. Attach details of amendment changes.)

- ☐ Amendment to Date, Scope or Budget (Attach updated scope and budget)
- ☐ Interim Contract (Attach justification for Interim Contract and updated scope/budget)
- ☐ Contract Employee (Attach any updates to scope or budget)
- ☐ Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)

The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): ☐ Commonwealth Terms and Conditions ☐ Commonwealth Terms and Conditions For Human and Social Services

COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00.

☐ Rate Contract. (No Maximum Obligation) Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.)

☐ Maximum Obligation Contract. Enter total maximum obligation for total duration of this contract (or new total if Contract is being amended). $ ____

PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ____% PPD; Payment issued within 15 days ____% PPD; Payment issued within 20 days ____% PPD; Payment issued within 30 days ____% PPD. If PPD percentages are left blank, identify reason: ☐agree to standard 45 day cycle ☐ statutory/legal or Ready Payments (M.G.L. c. 29, § 23A); ☐ only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)

BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) ____

ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations

☐ 1. may be incurred as of the Effective Date (latest signature date below) and no obligations have been incurred prior to the Effective Date.

☐ 2. may be incurred as of ____, 20__, a date LATER than the Effective Date below and no obligations have been incurred prior to the Effective Date.

☐ 3. were incurred as of ____, 20__, a date PRIOR to the Effective Date below, and the parties agree that payments for any obligations incurred prior to the Effective Date are authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.

CONTRACT END DATE: Contract performance shall terminate as of ____, 20__, with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.

CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in 801 CMR 21.07, incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.

AUTHORIZING SIGNATURE FOR THE CONTRACTOR:	AUTHORIZING SIGNATURE FOR THE COMMONWEALTH:
X: _____, Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)	X: _____, Date: _____ (Signature and Date Must Be Handwritten At Time of Signature)
Print Name: ____	Print Name: ____
Print Title: ____	Print Title: ____

Authorized Signatory Listing Form

List all authorized signatories who will sign invoices, initiate any contract changes, or sign any document pertaining to the contract.

This document ***must be wet signed*** and will be emailed separately from the main contract packet.

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME :
CONTRACTOR VENDOR/CUSTOMER CODE:

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: ***Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.***

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

SIGN HERE

Signature Date:

Title: Telephone:

Fax: Email:

[Listing can not be accepted without all of this information completed.]
A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Proof of Authentication Form

One form per person listed on the Authorized Listing Form must be submitted. Proof of authentication must be authenticated by a notary.

This document ***must be wet signed*** and will be emailed separately from main contract packet.

Issued May 2004

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

CONTRACTOR LEGAL NAME :
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

This page is optional and is available for a department to authenticate contract signatures. It is recommended that Departments obtain authentication of signature for the signatory who submits the Contractor Authorized Listing.

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type):

Title:

X_____ SIGN HERE

Signature as it will appear on contract or other document (**Complete only in presence of notary**):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, _____ (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

_____, 20 _____.

My commission expires on:

AFFIX NOTARY SEAL

I, _____ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

_____, 20 _____.

AFFIX CORPORATE SEAL

Scope of Service Attachment A

Please thoroughly review the Scope of Services document as it includes information regarding the following:

- Contract
- Compliance with laws
- Terms and conditions
- Deadlines
- Key program information
- Contact information

ATTACHMENT A SCOPE OF SERVICES AND ADDITIONAL TERMS & CONDITIONS

FY 2023 Rural and Small Town Development Fund Contract

Rural and Small Town (RST) Grant Program

I. CONTRACT

The Contractor is responsible for accessing and reviewing the contents of the documents referenced below, as compliance with each is a binding component of this Contract:

A. This Attachment A is attached to and made a part of the COMMONWEALTH OF MASSACHUSETTS STANDARD CONTRACT FORM. THE COMMONWEALTH TERMS AND CONDITIONS and the Contractor's Budget, as approved by the Department, are attached hereto as Exhibits.

B. This Attachment A incorporates by reference the Rural and Small Town Grant Program Application as applicable.

C. This Attachment A, all attached Exhibits and other Attachments, and all documents incorporated by reference herein, are referred to, collectively, as the Contract.

D. This Contract represents the entire agreement between the Contractor and the Department, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this Contract.

E. If any term or condition of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this Contract did not contain the particular provision held to be invalid.

II. SCOPE OF SERVICES AND COMPLIANCE WITH LAWS

The Rural and Small Town Grant Program provides funding for projects in qualifying rural and small towns in Massachusetts. It encourages local communities to develop projects, such as the construction or major repair of physical infrastructure or the development of engineering, schematic, or feasibility designs.

The Contractor shall use the FY 2023 contract funding to provide services in accordance with the terms of the attached Budget, the terms of this Contract, and any subsequent Contract amendments. **ALL EXPENSES MUST BE INCURRED ON OR BEFORE JUNE 30TH OF THE FISCAL YEAR IN WHICH THEY OCCUR (FY 2023 – YEAR 1; FY 2024 – YEAR 2).** Any later change in services and activities to be

Scope of Service Attachment A

Please thoroughly review the Scope of Services document as it includes information regarding the following:

- Contract
- Compliance with laws
- Terms and conditions
- Deadlines
- Key program information
- Contact information

Key sections to be aware of:

Section II

- This is a 2-year grant, all expenses ***must be incurred*** by 6/30/2024.

Section III.A.3

- Quarterly progress reports are ***required*** by their specific deadlines.
- ***Failure to submit reports*** may negatively impact invoice payment and future grant awards.

Section III.A.4

- Planning and Zoning projects ***must*** submit a copy of final planning project.

Scope of Service Attachment A

Please thoroughly review the Scope of Services document as it includes information regarding the following:

- Contract
- Compliance with laws
- Terms and conditions
- Deadlines
- Key program information
- Contact information

Key sections to be aware of:

Section III.A.5

- Communicate any ***possible problems*** faced by the project as the issue arises for troubleshooting.
- Failure to communicate problems timely may cause us to reject budget amendments or extension requests.
- Communicate when a project anticipates to be completed sooner or at lower cost.

Section III.B.1

- Invoices can only reimburse for work to be ***completed*** within the 2 fiscal years of the grant.

Scope of Service Attachment A

Please thoroughly review the Scope of Services document as it includes information regarding the following:

- Contract
- Compliance with laws
- Terms and conditions
- Deadlines
- Key program information
- Contact information

Key sections to be aware of:

Section III.C.1

- Contract extensions will be ***considered on a case-by-case basis*** and are not guaranteed.
- Consideration will ***only*** be given to requests from grantees who have submitted project reports.
- Requests for extensions ***must*** be received by 1/31/2024.

Section III.C.2

- Budget changes can be made upon request and through conversations with program staff.
- Budget changes ***do not require*** a contract amendment.

Budget
Attachment B

Each contract will include a budget populated with information from your One Stop application. Please review this as part of your contract. ***<u>If changes to line-item amounts or project contact info are needed, contact Julissa, Brett, and Filipe immediately before signing your AdobeSign contract.</u>***

Julissa.Tavarez@mass.gov
Filipe.Zamborlini@mass.gov
Brett.Morton2@mass.gov

FY2022 Housing Choice Initiative Grant
Budget

Name of Municipality Include name of Subcontractor if applicable	**Program Manager** **Name, phone and email** *Include name and contact information of person preparing report if different from project manager*
Anytown, Massachusetts	Name: Suzy Smith, PE Phone: 222-333-4444 Email: Suzy@anytown.gov

Project Description *Brief Summary of Project*
The Town of Anytown will collect data and create a survey to decide on best means to improve walkability of and create and Intersection Design for Main Street and Cross Street.

Project Tasks	**Cost by Task**
Startup data collection	$12,000.00
Field Survey	$4,000.00
Concept Plan and Preliminary Design	$57,500.00
Operational Analysis	$15,000.00
Public outreach and meetings	$14,000.00
25% Design Submittal	$17,500.00
Direct Expenses	$30,000.00
TOTAL	**$150,000.00**

(add additional rows as necessary)

SAMPLE

Contract Process

Have all executed documents returned by EMAIL ONLY to Contract Manager:

Julissa Tavarez
Julissa.Tavarez@mass.gov

What grantees will do:

1. You will receive an AdobeSign contract package via ***email only***.
2. You will receive a separate signatory document via ***email only*** to be ***wet signed***.
3. Grantees should review and confirm Budget (Attachment B), communicate with DHCD if changes are needed before signing contract.
4. Once signatory forms are wet signed, please submit them to contract manager via ***email only***.
5. Sign AdobeSign contract upon budget confirmation.
6. Please ***do not mail*** any materials to DHCD offices.

Contract Process

Have all executed documents returned by <u>EMAIL ONLY</u> to Contract Manager:

Julissa Tavarez
Julissa.Tavarez@mass.gov

<u>What DHCD will do:</u>

1. Prepare contract materials and submit to CEO and project main contact.
2. Review, approve, and sign final contract.
3. Execute and store the final contract.
4. Email the executed contract back to grantee.
5. Provide grantees a template invoice, quarterly report, and invoice and reporting guide as well as tutorial videos.

<u>NOTE: DO NOT MAIL HARD COPY DOCUMENTS***</u>***

Executed Contract

Have all documents returned by <u>EMAIL ONLY</u> to Contract Manager:

Julissa Tavarez
Julissa.Tavarez@mass.gov

<u>What is needed for a document to be fully Executed?</u>

1. Standard Contract Form signed by contracting municipality and DHCD through AdobeSign.
2. Revised Attachment B (Budget) with the correct amounts per line item and correct contact information.
3. Authorized Signatory Listing with at least one (1) signatory wet signed.
4. Authentication of Signature per signatory confirmed by a notary and wet signed.

Fiscal Information

- Fiscal Documents
- Invoicing Process
- Common Issues

Fiscal Documents

If you have fiscal questions, please submit them to:

Brett Morton
Fiscal Representative
Brett.Morton2@mass.gov

After contracts are executed, grantees will receive the following fiscal documents:

- ✓ Invoicing guide
  - Includes details about how to submit invoices.
  - Includes important key dates and deadlines.
  - Includes progress report information.
- ✓ Invoice
  - We will send a pre-filled invoice template.
  - Please review the invoice forms and update any municipal information that requires change.

Invoice Guide

An invoice and progress report guide will be available for each grant program and sent to grantees to ensure all have program specific information to submit the most accurate and effective invoices.

KEEP FOR FUTURE REFERENCE

FY23 INVOICE AND PROGRESS REPORT INFORMATION

Community Planning
Housing Choice
Rural and Small Town Grant Programs

Invoice Submission:

The Community Planning/Housing Choice/Rural and Small Town grant programs require that a standardized invoice form be completed for payments. This form must be completed and submitted using your Municipality/Organization's letterhead. Unless your Municipality/Organization has assigned a unique number to the invoice, the first invoice number should be titled **'[CP/HC/RST] [City/Town/Org Name] Inv 1'** using the correct grant program abbreviation. Subsequent invoices would then be titled **'[CP/HC/RST] [City/Town/Org Name] Inv 2'**, etc. **Please note, simply writing '1' or 'Invoice 1' is not sufficient, and the payment request will be returned.**

All information must be completed on the invoice form. There should be no reference to attached documentation on the invoice and the invoice should be submitted as its own page. Supporting documentation may be submitted separately (e.g. subcontractor's invoices). However, the supporting documentation cannot be attached to the invoice itself.

All invoices must be typed. In addition, please make sure to complete **all fields** of the invoice.

Invoice Service Information:

In the **'Description of Service'** field, please write a short description of the service that was submitted for invoicing. If two or more different services were provided, please list them separately in this field. In the **'Date(s) of service'** field, input the **beginning** and **end dates** of service (*e.g.: 1/1/2023 to 1/30/2023*).

The duration of these grants is two fiscal years. State fiscal years run July 1st to June 30th. For services that overlap fiscal years, separate invoices must be submitted for the services provided in FY23 *(Start date of service to 6/30/23)* and FY24 *7/1/23 to end date of service)*. In addition, the end date of service must be **prior to** the Invoice Date.

For example:

- An invoice submitted on May 15th cannot contain the dates of service May 1 to June 1. The invoice may contain the dates of service May 1 to May 14.

Invoices should be submitted **no more than once a month** and should include the range of the dates of service being submitted for reimbursement. For example:

- For services completed between November 1 to 15 and November 18-27, submit **one** invoice for the month of November covering service dates between November 1 to 27.
- Invoices may be for two or more months at a time such as between May 1 to June 30, except for services that span two fiscal year periods.

Invoice Template

FY23 invoices are populated by DHCD with information pertinent to each unique grant awarded.

Please make invoice submissions as efficient as possible with **no more than 1 invoice per month**. You may combine months if/when needed. *Please review your template invoice information for any changes.*

Please follow the instructions from the invoice guide when completing an invoice. You will receive these instructions via email.

[Please use City/Town Letterhead]

INVOICE
Community Planning Grant

Invoice Date		**Invoice No.**	**CP Anytown #1**
Municipality	**Town of Anytown**	**Vendor Code**	**Vendor_Code**
Municipal Contact Name	Jane Doe	**Other Project Contact Name**	*[If applicable]*
Address	123 Street Anytown, MA 01234	**Other Project Contact Email**	*[If applicable]*
Email	jane@anytown.gov	**Other Project Contact Phone**	*[If applicable]*
Phone	123-456-7890		

Project Name:	**Project to impact the community positively**
Contract document #: *See page 1 of contract*	**CT_number**
Date(s) of Service:	
Description of Service:	
Total Amount Due this Invoice:	
Approved by: SIGN HERE *Signature of Authorized Signatory*	*[Type name of authorized signatory]*

Invoicing Process

All three grants are disbursed on a cost-reimbursement basis. Eligible costs may include any expenses related to an element(s) of the awarded project as approved by a contract with DHCD.

1) Submit invoices efficiently = no more than 1 invoice per month in the Fiscal Year the cost was incurred.
2) You MAY send 1 invoice with 2+ months of payments, *EXCEPT when it crosses Fiscal Years*.
3) Email invoice (separate backup file optional) to Brett.Morton2@mass.gov & Filipe.Zamborlini@mass.gov.

DO: *send 1 invoice for "Jan 1-Jan 25, 2023" in FY23*
DO: *send 1 invoice for "Jan 1-Feb 25, 2023" in FY23*
DON'T: *send 2 invoices for "Jan 1-Jan 15" and "Jan 15-Jan 25"*
DON'T: *send 1 invoice for "Jun 15 (FY23)-Jul 15 (FY23)"*

Common Issues

If there are errors in invoicing, we may return an invoice to the sender asking to fix errors. However, we'd like to avoid any delays in reimbursement disbursement. Please be aware of these common issues to avoid.

- Submitting an incomplete invoice (E.G.: no signature, no service description, no invoice date, etc.).
- A field on the invoice is not filled in.
- Service dates spanning two state fiscal years.
- Service date start BEFORE contract date
- Service date start AFTER the date of invoice submission.
- Invoice number omits municipal name and grant initials (E.G.: only says "Invoice #1").
- Vendor code and contract number do not match.
- Invoice references another document attached and/or submitted with the invoice.
- Invoice is not signed by an authorized signatory.

Common Issues

If there are errors in invoicing, we may return an invoice to the sender asking to fix errors. However, we'd like to avoid any delays in reimbursement disbursement. Please be aware of these common issues to avoid.

- Invoice is submitted before contract is executed.
- A contractor invoice rather than a DHCD invoice is submitted.
- State fiscal year "roll over" payment blackout dates (last 2 weeks of August to Labor Day)
- Check Vendor Web to verify payment deposit: https://massfinance.state.ma.us/VendorWeb/vendor.asp
  - ✓ Follow instructions on the website
  - ✓ For questions about navigating this website contact: comptroller.info@state.ma.us

Avoid these issues and we'll be able to process all invoices in a timely and effective manner!

Program Information

- Progress Reports
- Final Reports
- Digital Media

Progress Reports

Quarterly progress reports are required and help us understand and project grant expenditures each quarter.

Reports must use the template provided and report each previous quarter on the same document.

FY2022 Rural and Small Town Grant
Progress Report

SAMPLE

Municipality	Subcontractor (if applicable)	Project Manager
Anytown	AnyCorp	Jane Doe, AICP

Expenditure description For example: 25% design drawings	Grant Budget	Actual Expenditures Reporting Period: FY22 Q2 October - December 2021	FY22 Q3 January - March 2022	FY22 Q4 April - June 2022	FY23 Q1 July - Sept 2022	FY23 Q2 October - December 2022	FY23 Q3 January - March 2023	FY23 Q4 April - June 2023	Total Expenditures To Date	Remaining
100% design drawings	$ 25,000.00	$ 9,875.12	$ 15,124.88						$25,000.00	$0.00
Consultant to coordinate community events	$ 35,000.00	$ 5,000.00	$ 5,000.00						$10,000.00	$25,000.00
Permitting of Any Project	$ 10,000.00	$ -	$ 10,000.00						$10,000.00	$0.00
Construction of Any Project	$ 200,000.00	$ -	$ -						$0.00	$200,000.00
Contingency	$ 10,000.00	$ -	$ -						$0.00	$10,000.00
Construction Admin.	$ 10,000.00	$ -	$ -						$0.00	$10,000.00
Anytown Planning Staff	$ 10,000.00	$ -	$ 2,500.00						$2,500.00	$7,500.00
									$0.00	$0.00
									$0.00	$0.00
									$0.00	$0.00
									$0.00	$0.00
									$0.00	$0.00
									$0.00	$0.00
Total Budget	$ 300,000.00	$ 14,875.12	$ 32,624.88	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 47,500.00	$ 252,500.00

No Expense Narrative

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Progress Reports

All projects where spending has not begun by the quarterly report due date must provide a brief narrative of when funds will be spent. You may opt to also provide a brief narrative of how things are going with the project if you are spending funds.

FY2022 Rural and Small Town Grant
Progress Report

SAMPLE

Municipality	Subcontractor (if applicable)	Project Manager
Anytown	AnyCorp	John Doe, AICP

Expenditure description For example: 25% design drawings	Grant Budget	Actual Expenditures Reporting Period: FY22 Q2 October - December 2021	FY22 Q3 January - March 2022	FY22 Q4 April - June 2022	FY23 Q1 July - Sept 2022	FY23 Q2 October - December 2022	FY23 Q3 January - March 2023	FY23 Q4 April - June 2023	Total Expenditures To Date	Remaining
100% design drawings	$ 25,000.00	$ -	$ -						$0.00	$25,000.00
Consultant to coordinate community events	$ 35,000.00	$ -	$ -						$0.00	$35,000.00
Permitting of Any Project	$ 10,000.00	$ -	$ -						$0.00	$10,000.00
Construction of Any Project	$ 200,000.00	$ -	$ -						$0.00	$200,000.00
Contingency	$ 10,000.00	$ -	$ -						$0.00	$10,000.00
Construction Admin.	$ 10,000.00	$ -	$ -						$0.00	$10,000.00
Anytown Planning Staff	$ 10,000.00	$ -	$ -						$0.00	$10,000.00
									$0.00	$0.00
									$0.00	$0.00
									$0.00	$0.00
									$0.00	$0.00
									$0.00	$0.00
									$0.00	$0.00
Total Budget	$ 300,000.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 300,000.00

No Expense Narrative

Anytown anticipates that the work on our Any Project will begin in May of 2022 when another work the contractor is currently finishing for a related project will complete. This other project is required to be completed first and unfortunately experienced delays due to a supply problem

rev. 09/2022

Progress Reports

We need project reports to be received by the deadline so we can effectively conduct fiscal exercises, troubleshoot any issues, and consider potential grant modifications to the budget or a grant extension as needed.

FY23		
Q3	**Period:** *1/1/2023 to 3/31/2023*	**Due:** *4/17/2023**
Q4	**Period:** *4/1/2023 to 6/30/2023*	**Due:** *7/17/2023**
FY24		
Q1	**Period:** *7/1/2023 to 9/30/2023*	**Due:** *10/16/2023**
Q2	**Period:** *10/1/2023 to 12/31/2023*	**Due:** *1/15/2024*
Q3	**Period:** *1/1/2024 to 3/31/2024*	**Due:** *4/15/2024*
Q4	**Period:** *4/1/2024 to 6/30/2024*	**Due:** *7/15/2024*

Deadlines that fall on a weekend or holiday will be extended to the following business day.

Final Report

At the completion of all ***PLANNING AND ZONING*** projects ***funded by Community Planning, Housing Choice, and Rural and Small Town grant programs***, we require a Final Report of the project in the form of the final document created as part of the planning process.

What is a Final Report for Planning and Zoning Projects?

- A completed Master Plan
- A portion of a Plan that is being completed in phases
- A report making recommendations for zoning changes
- An economic plan
- A Housing Production Plan
- Updates to a previously completed plan
- Copy of proposed / adopted Zoning measures
- Any final documentation that is produced by the funding provided by the grant

Digital Media

We want to highlight the work you are doing to advance housing production and economic development in the Commonwealth.

Please provide us photos, videos, or other digital media of your project.

Photos?

- Before, during, and after project photos will be useful for creating profiles of your municipality.

Videos?

- Before, during, and after project videos will allow us to create small videos to highlight your work.

Other Digital Media?

- Any design materials, schematics, layouts, etc., that the grants assist you with creating would be useful.

Why?

- We would like to create a portfolio of impact
- Ensure other municipalities in the Commonwealth are aware of these grant programs and their impact.

Key Contacts

Contracts

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Invoicing

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Progress reports & all correspondence

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QUESTIONS & ANSWERS