

DISASTER RECOVERY INITIATIVE 2008 (DRI) PROGRAM APPLICATION

Presidentially Declared 2008 California Wildfire Disasters

May 2010



STATE OF CALIFORNIA

Department of Housing and Community Development
Division of Financial Assistance
Community Development Block Grant (CDBG) Program
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TABLE OF CONTENTS

Page Number

INTRODUCTION

1. Contents of Application	1
2. Timelines	1
3. Instructions for Submitting an Application	1

GETTING READY

4. Process	3
5. Determining National Objective and Beneficiaries	3
6. Determining Service Area	4
7. Determining Appropriate Environmental Review Levels	5
8. General Administrative and Activity Delivery Limitations	5

APPLICATION INSTRUCTIONS and FORMS

9. Application Table of Contents – Instructions	7
10. Threshold Requirements – Instructions	8
11. Application Summary – Instructions	10
12. Certifications – Instructions	12
• Statement of Assurances	
• OMB A-133 Circular Certification	
• Environmental Finding Form	
• HUD Environmental Form for Statutes and Regulations at 24 CFR 58.6	
13. Grant Administrative Capacity – Instructions	13
14. Application Funding Sources/Uses	13
15. Application Table of Contents – Forms	15
16. Threshold Requirements – Forms	16
Application Summary – Forms	19
Section 504 Self-Evaluation – Forms.....	23
Residential Relocation Plan – Forms.....	24
Statement of Assurances (2010) – Forms	25

TABLE OF CONTENTS

	<u>Page Number</u>
OMB Circular A-133 – Forms	30
Environmental Finding Form (EFF) – Forms	31
HUD Environmental Form for Statutes and Regulations at 24 CFR 58.6 – Forms	32
General Administrative Capacity – Forms	33
Application Funding Sources/Uses – Forms	34
<u>ACTIVITY-SPECIFIC INSTRUCTIONS and FORMS</u>	
Housing Rehabilitation – Instructions	35
Housing Rehabilitation – Forms	39
Homeownership Assistance – Instructions	45
Homeownership Assistance – Forms	48
Real Property Acquisition – Instructions	53
Real Property Acquisition – Forms	58
Public Services – Instructions	64
Public Services – Forms	68
Public Facilities – Instructions	76
Public Facilities – Forms	82
Public Improvements – Instructions	93
Public Improvements – Forms	97
Public Improvements in Support of Housing New Construction (PIHNC) – Instructions	104
Public Improvements in Support of Housing New Construction (PIHNC) – Forms	108
Housing New Construction - Instructions (only)	115
Economic Development Activities – Instructions	116
Economic Development Activities – Forms	119
Economic Development Program – Forms	120
Economic Development Project – Forms	126
Planning Only Activities – Instructions (only)	137

TABLE OF CONTENTS

APPENDICES (starting after page 138)

- Appendix A: Determining National Objective and Beneficiaries
- Appendix B: Determining Service Area
- Appendix C: Determining the Appropriate Level of Environmental Review(s)
- Appendix D: Cost Categories for CDBG Activities

INTRODUCTION

1. CONTENTS OF THE 2008 DRI PROGRAM APPLICATION

The Application is divided into the following five major sections:

- Introduction
- Getting Ready
- General Application Instructions and Forms
- Activity-Specific Instructions and Forms
- Appendices

2. TIMELINES

A. Key Dates:

Notice of Funding Availability (NOFA) and Application release date:	May 12, 2010
Application Workshops:	May / June, 2010
Applications accepted by HCD:	Beginning July 13, 2010
Awards Announced	August / September 2010

B. Application Submittal:

- 1) The Department will begin accepting applications on an over-the-counter basis (that is, "first-come, first-served") beginning July 13, 2010.
- 2) Tele-faxed or e-mail transmitted applications will not be accepted.
- 3) The Department will conduct a preliminary review of each application to determine whether applications meet minimum threshold criteria.
NOTE: Only applications meeting all required threshold criteria will be considered eligible for further evaluation.
- 4) Applications will be date-stamped (but not time-stamped) when received by the Department. All applications received on any given day will have the same date-stamp, regardless of exact time of day received.

3. INSTRUCTIONS FOR SUBMITTING AN APPLICATION

A. Required Number of Complete Applications: Two (2) must be turned in.

- 1) One complete original set of the entire application (with original signatures, in blue ink) and all attachments.
- 2) One copy of the entire application and all attachments.
- 3) One additional copy of the authorizing Resolution for the submittal of the application (place in the front pocket of the original application set).

INTRODUCTION

B. Packaging:

- 1) Place each copy of the application and attachments in an appropriate-sized, 3-ring, loose-leaf binder – 1 for the original and 1 for the copy.
- 2) Place an identifying label on both the cover and the spine of the loose-leaf binders.
- 3) Clearly label the “Original” and the “Copy”.
- 4) Paginate every page (except tabs).
- 5) Use tabbed pages or other clearly-marked separating devices to mark attachments. Do not use adhesive stickers or flags; these devices are easily misplaced or lost.

C. Before Submitting the Application:

- 1) Check each copy of the application for completeness.
- 2) Make sure all attachments are included.
- 3) Ensure that all pages (including attachments) are numbered consecutively and correctly.
- 4) Ensure that all tabs or separating devices, including the ones marking the attachments, clearly indicate the appropriate section of the application.
- 5) Ensure that the Original application contains all original signatures on the appropriate forms and that they are signed in blue ink.
- 6) If mailing the application, please use a postal tracking service and retain the mailing receipt for your records.

D. Application Submittal:

Mailing Address:

2008 DRI Program
State Community Development Block Grant Program
Department of Housing and Community Development
P. O. Box 952054, MS 330
Sacramento, CA 94252-2054

Street Address:

2008 DRI Program
State Community Development Block Grant Program
Department of Housing and Community Development
1800 3rd Street, Suite 330
Sacramento, CA 95811

GETTING READY

4. PROCESS

A. How to Proceed:

- 1) Review the NOFA and the Application Package carefully. Contact a CDBG Program Representative for further assistance if needed.
- 2) Select the category of activity you wish to propose. For a more detailed description of CDBG eligible activities, please refer to: <http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch3.pdf>. Please review the Threshold Requirements (Section 10 below) to determine if eligible to apply.
- 3) **You may apply for one or more activities.** Refer to the 2008 DRI NOFA for instructions on types of allowable activities and funding limits.
- 4) Conduct all applicable public hearings. Refer to Appendix F in the 2008 DRI NOFA for requirements and sample notice. The application approval/ submittal must be documented with a resolution by the governing body. Refer to Appendix H in the 2008 DRI NOFA for a sample resolution.
- 5) Complete the appropriate activity sections of the application. Please review the Instructions before filling out any activity forms. Contact a CDBG Program Representative if you have any questions.
- 6) Complete the Application Table of Contents and Application Summary.
- 7) Review the application and each activity to be sure you have included all required forms and necessary documentation.
- 8) For jurisdictions procuring program operators, ensure the proper procurement procedures are followed, per the instructions in the CDBG Grant Management Manual (GMM) Chapter 2, Program Operators, and Chapter 8, Procurement, located at: <http://www.hcd.ca.gov/fa/cdbg/manual/>.

5. DETERMINING NATIONAL OBJECTIVE AND BENEFICIARIES

To be considered eligible, every DRI/CDBG-funded activity must meet one of the three national objectives, the primary of which is benefit to low- and moderate-income persons, also known as the “Targeted Income Group” (TIG). Additional information on national objectives is available at

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/>

The following information should be considered when deciding on proposed activities:

A. National Objective:

According to 24 CFR Section 570.483, in order to be eligible for funding, every CDBG-funded activity must meet one of the three following national objectives of the program:

- 1) Benefiting low- and moderate-income persons; or
- 2) Preventing or eliminating slums or blight; or
- 3) Meeting other community development needs having a particular urgency because of existing conditions that pose a serious and

GETTING READY

immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs.

NOTE: Due to CDBG statutory requirements and program requirements, it should be anticipated that most activities funded under the State DRI/CDBG program will be designed to meet the national objective of benefiting low- and moderate-income persons.

B. Beneficiaries:

Persons of low- and moderate-income are defined as families and individuals whose incomes do not exceed 80 percent of the area median income, with adjustments for smaller and larger families. **NOTE: State CDBG sometimes uses the term “TIG” for households at or below 80 percent of median income.** Income limits by county may be obtained at:

http://www.hcd.ca.gov/hpd/hrc/rep/state/cdbg_home09.pdf.

Each application must provide information on the proposed beneficiaries

>> *Please refer to Appendix A for further instructions on Beneficiaries*<<

Beneficiaries may be measured by the number of people, housing units, households or jobs. The type of beneficiary associated with an activity is stated within each specific Application Activity Instructions/Forms. Please include a breakdown by very low-, low-, and moderate-income beneficiaries.

6. DETERMINING SERVICE AREA

CDBG-funded activities may be carried out to benefit an entire jurisdiction, or just a specific area of the jurisdiction (Target Areas). The service area will establish how the proposed TIG beneficiaries are determined.

A. Jurisdiction-wide:

If an activity is proposed to benefit persons throughout a jurisdiction, then **HUD** jurisdiction –wide low- and moderate-income data is used to document the TIG benefit (unless a jurisdiction-wide Income Survey is used in its place).

B. Target Area(s):

A Target Area is a specific portion of a jurisdiction that will benefit from a CDBG activity and must be primarily residential in nature. A Target Area could also include both incorporated and unincorporated areas.

Beneficiaries in a Target Area are determined by using census tract/block group methodology (if the area matches the census tracts/block groups), the results of an Income Survey, or a combination of both.

GETTING READY

A readable map must be provided showing the exact census tract and or block groups being served or the exact area an Income Survey was performed. Each target area will require a separate set of tables with the proper data and a map of the area(s).

Most maps can be obtained by visiting the American Fact Finder website at: http://factfinder.census.gov/jsp/saff/SAFFInfo.jsp?_pagelid=thematicmaps&_submenuld=maps_1

>>Please refer to Appendix B for further Service Area instructions<<

7. **DETERMINING APPROPRIATE ENVIRONMENTAL REVIEW LEVELS**

Every jurisdiction that receives CDBG funds is legally responsible for complying with the environmental review regulations contained in the California Environmental Quality Act (CEQA) Guidelines, the National Environmental Policy Act (NEPA) and Federal regulations at 24 CFR Part 58 (Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities). 24 CFR Part 58 may be found at: http://www.access.gpo.gov/nara/cfr/waisidx_04/24cfr58_04.html

- A NEPA environmental review is required **prior to the obligation, expenditure or drawdown** of CDBG funds.
- Environmental review requirements apply to all CDBG-funded activities, including projects or programs funded with CDBG program income.
- Different activities require different levels of environmental review.
- The environmental review will identify the physical, social and economic impacts of the entire proposed activity. This will include the entire scope of on- and offsite development enabled as a result of CDBG involvement, irrespective of the source of funding.
- NOTE: Once an application for CDBG funding has been submitted to the Department, neither CDBG nor non-CDBG funds may be committed to the proposed activity prior to receiving clearance from the Department.

>> Please refer to Appendix C for further Environmental Review instructions<<

8. **GENERAL ADMINISTRATIVE AND ACTIVITY DELIVERY LIMITATIONS**

The State has established limits on the amount of funds that can be requested for reimbursement of General Administrative and Activity Delivery expenses related to implementing a 2008 DRI/CDBG grant.

All reimbursement requests will require supporting documentation at the time the request is made, even for General Administrative and Activity Delivery reimbursements.

GETTING READY

A. General Administrative (GA) Expenses:

Grantees are allowed up to two percent (**2%**) of the total grant amount for reasonable general administrative expenses related to carrying out the DRI/CDBG Program. General Administrative costs include staff and related costs required for overall program management, coordination, monitoring, reporting, and evaluation.

B. Activity Delivery Expenses:

A portion of the grant award may be used to pay for the actual costs associated with the delivery of the proposed activity. Activity Delivery includes costs associated with staff and overhead directly involved with carrying out the activity.

Activity Delivery costs vary depending on the activity category. As a general guideline, the costs of Activity Delivery will be capped as follows:

- Housing Rehabilitation: up to 19 percent
- Economic Development up to 15 percent
- Public facilities or public improvements up to 8 percent
- *(if complex labor standards are justified*)* up to 12 percent
- All other activities *(Includes Planning)* up to 8 percent

* Complex labor standards means multiple subcontractors and/or numerous trades. The Department must approve AD costs at this percentage level.

Note: Activity Delivery costs are calculated as a percentage of the total activity amount.

Example: For a \$300,000 Homeownership Assistance Program with activity delivery costs of 8 percent, Activity Delivery would be calculated as follows:
 $\$300,000 \times 0.08 = \$24,000$ (Activity Delivery)

C. Determining the amount of General Administration and Activity Delivery for an application:

Example: Jurisdiction X is applying for a DRI grant amount of \$500,000. The activities being applied for are a public improvements project and a housing rehabilitation program. General Administration: $2\% \times \$500,000 = \$10,000$

The remaining amount in this application is \$490,000 (\$500,000 minus GA of \$10,000). This remaining amount will go toward the two activities and the jurisdiction wants to divide it equally between these activities as follows:

Public Improvements Activity: \$245,000 (includes Activity Delivery)
Housing Rehabilitation Activity: \$245,000 (includes Activity Delivery)

The final step is to break out the Activity Delivery amounts, which are described in Section B above.

>> Please refer to Appendix D for Cost Categories for CDBG Activities<<

APPLICATION INSTRUCTIONS and FORMS

9. APPLICATION TABLE OF CONTENTS - Instructions

Complete the Table of Contents and submit it as the first page of the application. The Table of Contents provides the order in which the application must be organized and submitted. It also provides a checklist to ensure that all required documentation is included in the application.

Note: The forms are in a WORD format using check boxes, drop-down menus and text fields that can be filled in without the structure of the forms changing, allowing applicants to type directly on the forms. It is very important that the forms are completed thoroughly and accurately and clearly marked as to where supporting documentation can be located within the application.

Special note regarding check boxes and drop down menus:

There are a number of pages throughout the Application that use check boxes and drop down menus. When you get to a page with grey boxes marked "Select", you have a choice of answers pre-selected in a drop down menu. To get the drop down menu to function properly, you will have to temporarily "lock" the form. To do so, please follow this instruction:

1. On your top task bar, click on "View", then select "Toolbars", then scroll down and click "Forms."
2. A "Forms Toolbar" should appear in your toolbar section at the top of the page.
3. Click on the "padlock" icon (it should be at the far right side of the Forms Toolbar). This will lock your WORD document and allow the drop down menus to function properly.
4. To unlock the document after completing your selections on the page (for example, the Table of Contents), simply click the padlock icon again, and the document should be unlocked.
5. If the document does not unlock, or the icon can not be re-clicked, save the document in its current form, close the document, re-open it, return to the page, and the icon should be functional at that point.

Subsequent Activity-Specific sections of this application contain sets of forms for most all eligible activities under the NOFA. Each section begins with the instructions on how to complete the activity forms and how to provide the proper documentation so the activity can be evaluated.

Please Note: Activity-Specific Table of Contents forms should:

- Be completed and submitted as the first page of the activity-specific forms and documentation area of your application.
- Provide the order in which each activity-specific section is organized and submitted.
- Provide a completed checklist confirming all required activity-specific documentation is included in the application.

>>Refer to NOFA for additional information on eligible and ineligible activities <<

APPLICATION INSTRUCTIONS and FORMS

10. THRESHOLD REQUIREMENTS - Instructions

As outlined in the NOFA, DRI Program threshold criteria must include the following primary components:

Primary DRI Program Threshold Criterion
Eligible Activity: All activities must meet one of the three National Objectives.
Need for Activity: Documented need for proposed activity, severity of the problem, and extent to which proposed activity will address the identified need. Furthermore, all activities must address a need documented as a direct result of the 2008 wildfire disasters.
Capacity: Jurisdictions must demonstrate CDBG grant management experience.
Enhanced Disaster Recovery Activities: Jurisdictions requesting funds for activities under Activity #1 (as described in Section 3 of the NOFA and shown in the 2008 DRI Action Plan) are required to incorporate enhanced mitigation activities and/or forward-thinking strategies (planning, materials, and/or mitigation activities) as noted in Activity #2.

In addition, the Department will review each application to ensure it also contains the following required application threshold documentation.

A. **Ineligibility Based on the Federal Debarment List:**

Applicant jurisdictions must check and document the Federal Excluded Parties (debarment) list to ensure eligibility to receive Federal funds.

The jurisdiction will certify that the applicant jurisdiction and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal assistance programs.

“Principals” mean officers, directors, owners, partners, key employees, or other persons with primary management or supervisory responsibilities within a community. Principals also include persons who have critical influence on, or substantive control over, a jurisdiction whether or not employed by the jurisdictions (7CFR 3017.205).

The EPLS website can be accessed at www.epls.gov. Once at the site, perform the following steps:

- On the left-hand side of the screen, click on “Multiple Names”.
- A message screen will pop up.
- Check the box on the second line from the bottom.
- Check the in the upper right corner of the pop-up screen to close the screen out.
- The next screen, “EPLS Multiple Name Search,” will pop up.

APPLICATION INSTRUCTIONS and FORMS

- On the last line “Match,” make sure the is selected for “Partial Name”.
- In ALL CAPS, enter the name of the jurisdiction with the word AND in between each word. For example, for the City of Arcata, enter **CITY AND ARCATA**. Note: Do not type CITY OF ARCATA.
- Print a copy showing the jurisdictions search and include it in the application.

B. Growth Control:

If the applicant has a General Plan, ordinance, or other measure which directly limits by number either the building permits which may be issued for residential construction, or buildable lots which may be developed for residential purposes, and the measure does not meet any of the exceptions found in the Program Regulations, Section 7056 (b)(2)(B), the applicant jurisdiction is not eligible to receive federal funding. If the applicant meets an exception, attach a copy of the jurisdiction’s growth measure in this section of the application. For your reference, Section 7056 (b)(2)(B) of the CDBG Regulations is on Pages 4 and 5 at: http://www.hcd.ca.gov/fa/cdbg/CDBG_REGULATIONS_7_25_08_3_.pdf

C. Statement of Assurances:

Applicants must submit the Statement of Assurances form with the 2010 revision date with the application. If an award is made, the grantee must assume responsibility for compliance with state, Federal and applicable local laws and regulations that apply to the expenditure of state CDBG Funds.

Program regulations require the applicant to assure that the jurisdiction and all subrecipients will comply with all applicable state and Federal requirements. Some requirements pertain to all local CDBG activities such as audits and procurement standards while others are specific to certain activities, such as relocation law and labor standards.

The Statement of Assurances **must be signed in blue ink by the jurisdiction’s Chief Executive Officer**, regardless of any signatory designation in the governing body’s resolution authorizing submission of the application.

D. Compliance with OMB Circular A-133:

Complete the form and have it signed by the Authorized Representative in blue ink.

- All applicants must use the form provided in this Application Package.
- The Department will not disburse funds to grantees that are not in compliance with OMB A-133.

If exempt, include a copy of your letter to SCO informing of the exemption.

APPLICATION INSTRUCTIONS and FORMS

E. Citizen Participation:

Pursuant to 25 CCR 7080, each applicant shall provide opportunities for the participation of all persons who may be affected by the program. A minimum of one public hearing is required for each of the following two phases: program design phase and application preparation/submission phase. Citizen Participation requirements must be met prior to the application submittal deadline.

- Attach the required documentation.

F. Resolution of the Governing Body:

The Resolutions submitted with this application must:

- Be an original or an original certified copy of the Resolution; and
- Authorize submission of the application; and
- Approve the application's contents (funding requested, activities, committed leverage, etc.); and
- Authorize the execution of a contract and any amendments based on the application; and
- Designate an authorized person (by title) to enter into a contract; and
- Designate persons (by titles) to sign all reports, including Requests for Funds.

G. NEPA Environmental Certification for General Administration:

Prior to project implementation, the jurisdiction must prepare the appropriate environmental review(s) for each activity funded by CDBG.

- The General Administrative environmental review must be included with the application.
- Activity-Specific environmental review(s) are incorporated into the Readiness criteria of each activity.
- **Remember: NO choice limiting action may occur prior to clearance of environmental review requirements. See Appendix C for further Environmental information and instructions.**
- HUD Environmental Form for Statutes and Regulations at 24 CFR 58.6

>> Please refer to Appendix C for further Environmental Review instructions<<

11. APPLICATION SUMMARY - Instructions

A. Application Information:

Please provide the name and address of the applicant. If the application is being submitted on behalf of more than one jurisdiction, include the name and

APPLICATION INSTRUCTIONS and FORMS

address of the other jurisdictions and provide separate application summary pages for each jurisdiction. **Also, include the applicant's DUNS number.**

- A Joint Powers Agreement or a Memorandum of Understanding (MOU) is required by the CDBG Regulations, Section 7060(c), as part of an application on behalf of another jurisdiction or for joint applications. Applicants must prepare a Joint Powers Agreement if the following conditions exist:
 - if one application is submitted by two or more jurisdictions; or
 - if a county is applying on behalf of a city in the same county; or
 - if a county is applying on behalf of itself and a city in the same county; or
 - if a city/county is applying on behalf of a Native American target area that is located within another city/county.
- If the applicant proposes to enter into a Joint Powers Agency, the Department must be consulted regarding the inclusion of legal requirements.
- The Department must approve the Joint Powers Agreement **before** it is executed.

B. Authorized Representative Information:

Complete all required information pertaining to the jurisdiction's authorized representative, *as stated in the authorizing Resolution*. Sign and date the application. The Authorized Representative's signature **must** be in blue ink.

C. Applicant Contact Information:

Please provide the required information for a contact person who is best able to answer questions regarding the submitted application.

D. Legislative Representative Information:

List all of the district numbers and appropriate Legislative Representatives' names for your jurisdiction. The Department will notify all legislators of funding decisions.

E. Target Populations:

Use the numbers on the list in Section E to identify target population(s), by activity, in the following section, *Requested Funding for All Proposed Activities* (Section F). Activities may serve many of the target populations listed, but choose the primary target population(s).

F. Requested Funding for All Proposed Activities:

Itemize the funds requested for each proposed activity in the application.

APPLICATION INSTRUCTIONS and FORMS

- An application may include one or more activities.
- Refer to the NOFA for funding limitations.
- Indicate the requested dollar amount for each activity.
- Be sure to include the activity delivery amount on a **separate** line.
- Indicate who will administer the activity, i.e., jurisdiction staff, another activity administrator or a combination.
- Using the *Target Populations* chart, identify by Target I.D. number the primary target population group(s) anticipated as being served by each activity. Include the number of primary population group members to be served.

G. Section 504 Self-Evaluation:

HUD requires jurisdictions to have documented their compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794). Applicants must attach a Section 504 Self-Certification form with their Application Package. It is important to note that the form itself does not constitute the jurisdiction's efforts to meet Section 504. The jurisdiction should have performed an analysis and evaluation of each factor and prepared a Section 504 Plan. The self-certification form is used to certify that the jurisdiction has performed this analysis and evaluation and to record areas of compliance or problems. For more information, refer to the Grant Management Manual at: <http://www.hcd.ca.gov/fa/cdbg/manual/> and see Chapter 2, Page 26, Section X, item A.4.

H. Relocation Plan:

Pursuant to Section 104(d) of the HCD Act of 1974, as amended, as a condition of receiving CDBG funds, the grantee must certify that it is utilizing a residential anti-displacement and relocation assistance plan for its grant. Section 104(d) further requires relocation benefits to be provided to low-income persons who are displaced as a result of a CDBG-assisted project. The implementing regulations for Section 104(d) can be found in 24 CFR Part 570(a).

12. CERTIFICATIONS – Instructions

All applicants must use the certification forms provided in this Application Package. No other versions of the forms will be accepted.

For each certification, signatures must be original and in blue ink.

- Statement of Assurances: This form must be signed by the jurisdiction's Chief Executive Officer, regardless if they are the application-designated "Authorized Representative."
- OMB A-133 Circular Certification
- Environmental Finding Form
- HUD Environmental Form for Statutes and Regulations at 24 CFR 58.6

APPLICATION INSTRUCTIONS and FORMS

13. GRANT ADMINISTRATIVE CAPACITY - Instructions

Indicate whether the applicant has CDBG grant experience.

If the applicant has not had any CDBG grant experience, please indicate how the grant is anticipated to be administered.

- If only in-house staff will be used:
 - Include supporting documentation to show grantee staff experience.
- If an outside activity administrator will be used:
 - Include letter(s) of interest;
 - Descriptions of experience administering CDBG grants;
 - If a subrecipient will administer the grant, also provide a copy of the executed Subrecipient Agreement.
 - If an administrator has already been procured for the general administration of the proposed grant, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

>>See NOFA Page 18 for additional Capacity information<<

14. APPLICATION FUNDING SOURCES/USES - Instructions

A. General:

For each activity, including General Administration, applicants must identify on the application funding table the totality of all resources that are anticipated to be utilized in carrying out the applicant's proposed activities. These resources may include a combination of grant funds, CDBG program income, other governmental resources and local and private contributions.

On the Application Summary Chart for Activities (titled: **All Activities – All Funding Sources**):

- Under "Activity", list General Administration (GA) first.
- Following GA, list all of the activities in the application.
- Fill out the columns to the right of the Activity with the anticipated resources that will be used to carry out each anticipated activity by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the "Application Table of Contents" under "Sources and Uses Summary."

APPLICATION INSTRUCTIONS and FORMS

- Applicants must ensure that the proper citizen participation procedures have been followed prior to committing any local funding or program income to an application.
- A similar procedure to the above must be repeated for each activity.

B. Program Income:

- In the Program Income (PI) column header, show the applicant jurisdiction's available balance of CDBG program income as of June 30, 2010.
- For each proposed activity to which the jurisdiction is committing Program Income, identify the exact amount of PI committed.
- Make sure the exact amount of PI committed in the application is not more than the amount currently on hand and is covered by the amount shown in the governing body resolution.
- Include a copy of the Resolution as documentation.

Note: Committed Program Income will be reflected in the DRI contract and must be fully expended prior to requesting any grant funds for the same activity.

C. Other Governmental Funds or Leverage:

- Indicate other State or Federal funding, and any local or private leverage funding that is anticipated as a component of activities within this application.
- Include a copy of supporting documentation.

APPLICATION INSTRUCTIONS and FORMS

15. APPLICATION TABLE OF CONTENTS: _____ (jurisdiction)

**Click on the box, drop-down menu or text box to enter information. See Page 7 for further instructions.*

APPLICATION FORMS	Required or "Select"	Documentation located on Page(s)
Application Summary	Required	
Joint Powers Agreement/MOU (if applicable)	Select	
Section 504 Self Evaluation	Select	
THRESHOLD DOCUMENTATION		
Threshold Requirement Forms	Required	
Debarment Eligibility	Select	
Growth Control Information	Select	
Statement of Assurances (2010)	Required	
Compliance with OMB Circular A-133	Required	
Citizen Participation Documentation	Required	
Original Resolution(s) of the Governing Body	Required	
NEPA Forms For General Administration (only):		
➤ HUD Environmental Finding Form	Required	
➤ HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6	Required	
GRANT ADMINISTRATIVE CAPACITY		
Previous CDBG Grant(s) Experience	Select	
Proposed Grant Administrator	Select	
SOURCES & USES SUMMARY		
Sources & Uses Summary Form	Required	
INDIVIDUAL ACTIVITY(IES)		
	Required	
OTHER		
Copy of Resolution(s)	Required	Inner front pocket of "Original" application

NOTE: This Application Table of Contents **must** be submitted with the completed application package. All items listed **must** be submitted in the order listed. Enter the page number(s) for each item that is included in the application. **Incomplete applications may not meet threshold review requirements. You may add additional rows to any form in the application if you need more space.**

APPLICATION INSTRUCTIONS and FORMS

16. THRESHOLD REQUIREMENTS

The Department will review each application to confirm all required threshold criteria are met. Note: Applications found to have NOT met required threshold criteria will NOT be eligible for further evaluation. Please complete all required forms and include them in your application.

***Click on the box or text box to enter information.**

	Yes	No	
A.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Debarment</u> Is the applicant jurisdiction on the Federal Excluded Parties List (www.epls.gov)? ➤ If Yes, the applicant is <u>not eligible</u> to receive federal funding. ➤ No. The applicant has included a copy of the search on page(s): _____</p>
B.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Growth Control</u> Has the applicant jurisdiction enacted limitations on residential construction, which includes limitations other than establishing agricultural preserves, or limitations imposed by another agency, or limitations not based on a health and safety need? ➤ If No, skip to next section.</p> <p style="margin-left: 20px;">If yes, do these limitations meet any of the exceptions found in State CDBG Program Regulations, Section 7056(b)(2)(B)?</p> <p style="margin-left: 20px;">➤ If "Yes" to the exceptions, the applicant has included a copy of the limitation with this application on page(s): _____</p> <p style="margin-left: 20px;">➤ If "No" to the exception, the applicant jurisdiction is <u>not eligible</u> to receive federal funding.</p>
C.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Statement of Assurances</u> Applicant has included the correct version (revised 2010) of the Statement of Assurances, signed by the Chief Executive Officer of the applicant jurisdiction.</p>
D.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Compliance with OMB Circular A-133</u> Applicant has included a signed OMB Certification.</p>

APPLICATION INSTRUCTIONS and FORMS

	Yes	No	
E.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Citizen Participation</u> Applicant has met all the Public Hearings/Citizen Participation requirements, such as:</p> <ul style="list-style-type: none"> • Public notices published in a local newspaper announcing the public hearings and containing the required information, as stated in the CDBG Grant Management Manual. • At least one public hearing was held during the program design phase of the application. <ul style="list-style-type: none"> ➤ Design Hearing was <u>published/posted</u> on _____ ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): _____ ➤ Design Hearing was <u>held</u> on _____ ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): _____ • At least one public hearing was held to approve submittal of the application <ul style="list-style-type: none"> ➤ Application Submittal Hearing was <u>published/posted</u> on _____ ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): _____ ➤ Application Submittal Hearing was <u>held</u> on _____ ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): _____ • Sign-in sheets and all documentation are in the public information file and available for review and monitoring; <u>and</u> • Written comments received during the public hearing process are included with the application along with any responses on page(s): _____

APPLICATION INSTRUCTIONS and FORMS

	Yes	No	
F.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Resolution(s) of the Governing Body</u> Applicant has included a Resolution (sample in Appendix I) that:</p> <ul style="list-style-type: none"> • is an original or an original certified copy; <u>and</u> • authorizes submission of the application; <u>and</u> • approves the application’s contents (funding requested, activities, committed leverage, etc.); <u>and</u> • authorizes the execution of a grant agreement, and any amendments thereto, if funded; <u>and</u> • designates a person (by title) authorized to enter into an agreement, if funded; <u>and</u> • designates persons (by titles) authorized to sign all reports, Funds Requests and other program-supporting documentation.
G.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>NEPA Environmental Review for General Administrative Activities</u> Applicant has included the Environmental Review documents for general grant <u>administrative</u> activities, consisting of an Environmental Finding Form and a HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6.</p>

CERTIFICATION:

I certify on behalf of _____ (name of entity) that the Threshold information provided is true and accurate.

(Printed/Typed Name)

(Title)

(Signature) (blue ink)

(Date signed)

APPLICATION SUMMARY - Forms

A. Application Information

Jurisdiction Name: _____

DUNS #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is this application being submitted on behalf of more than one jurisdiction?

NO Continue to next section.

YES Complete the following. (Please note that the implementation of a Joint Powers Agreement (JPA) or Memorandum of Understanding (MOU) between the applicants is required.)

Second Jurisdiction's Name: _____

Address: _____

JPA or MOU on Page _____

City: _____ State: _____ Zip Code: _____

B. Authorized Representative Information (per the Resolution)

Name: _____ Title: _____

Phone: _____ Ext: _____ FAX: _____

E-mail: _____

Check here if address information is the same as above; if not, fill in information below.

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____

 Sign Here

Date: _____

C. Applicant Contact Information (if different from above)

Check here if address information is the same as above; if not, fill in information below.

Name: _____ Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____ FAX: _____

APPLICATION SUMMARY - Forms

D. Legislative Representative Information

	District #	First Name	Last Name
Assembly	_____	_____	_____
Senate	_____	_____	_____
Congress	_____	_____	_____
	District #	First Name	Last Name
Assembly	_____	_____	_____
Senate	_____	_____	_____
Congress	_____	_____	_____
	District #	First Name	Last Name
Assembly	_____	_____	_____
Senate	_____	_____	_____
Congress	_____	_____	_____
	District #	First Name	Last Name
Assembly	_____	_____	_____
Senate	_____	_____	_____
Congress	_____	_____	_____

E. Target Populations- Primary Purpose(s) of each proposed Activity

On the next page (Requested Funding for All Proposed Activities), in the noted column, enter the **primary** number(s) that correspond to the target population(s) that each activity will specifically address. For example, a homeless shelter would most likely serve several of the target populations shown below, but the **primary** target population would be the homeless, which is Target I.D. #5 on the list below.

- | | | |
|---------------------------------|------------------------------------|------------------------------|
| 1 Low-Mod Income Persons | 2 Low-Mod Income Households | 3 Low-Mod Income Jobs |
| 4 Limited Clientele | 5 Homeless | 6 Other |

APPLICATION SUMMARY - Forms

F. Requested Funding for All Proposed Activities

Note: See NOFA for funding limitations.

Activity	Amount Requested	Activity Administrator	Target Populations	
GENERAL ADMINISTRATION				
(Maximum of 2% of total funding requested)	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination		
Activity: _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #:	
Activity Delivery	\$ _____		_____	Proposed # of Beneficiaries:
Activity TOTAL	\$ _____		_____	
Activity: _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #:	
Activity Delivery	\$ _____		_____	Proposed # of Beneficiaries:
Activity TOTAL	\$ _____		_____	
Activity: _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #:	
Activity Delivery	\$ _____		_____	Proposed # of Beneficiaries:
Activity TOTAL	\$ _____		_____	
Activity: _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #:	
Activity Delivery	\$ _____		_____	Proposed # of Beneficiaries:
Activity TOTAL	\$ _____		_____	
\$ _____		◀ TOTAL Funding Requested		

NOTE: If additional activities are proposed, copy this page, fill in appropriately, and include in Application Package.

APPLICATION SUMMARY - Forms

G. Section 504 Self-Evaluation:

HUD requires jurisdictions to have documented their compliance with Section 504. Applicants must attach a Section 504 Self-Certification form with their Application Package. It is important to note that the form itself does not constitute the jurisdiction's efforts to meet Section 504. The jurisdiction should have performed an analysis and evaluation of each factor and prepared a Section 504 Plan. The self-certification form is used to certify that the jurisdiction has performed this analysis and evaluation and to record areas of compliance or problems.

>>See the CDBG Grant Management Manual for additional information<<

<<Please complete Section 504 Self-Certification Form located on next page>>

SECTION 504 SELF-EVALUATION - Forms

SECTION 504 SELF-EVALUATION

Applicant: _____

AREAS DISCUSSED	PROBLEMS	MODIFICATIONS MADE
<p><u>COMMUNICATIONS: Program Publicity</u></p> <p>Public Notices and ads in newspaper?</p> <p>Public Service Announcements? yes / no</p> <p>Posters or fliers? yes / no</p> <p>Letters to homeowners in area? yes / no</p> <p>Informational public meetings? yes / no</p> <p>Interpreters, readers, or TDD's available upon request? yes / no</p> <p>Equal Opportunity statement in ads, fliers, letters? yes / no</p>		
<p><u>EMPLOYMENT:</u></p> <p>Does the City make reasonable accommodation to known physical or mental limitations of qualified applicants or employees with handicaps? yes / no</p> <p>Pre-employment inquiries and tests do not screen out handicapped persons?</p>		
<p><u>PROGRAM ACCESSIBILITY:</u></p> <p>Are City/County facilities accessible to and usable by individuals with handicaps (for example: ramps, space at meetings)? yes / no</p> <p>Handicap modifications offered in rehabilitation program? yes / no</p> <p>Handicapped individuals with limited mobility assisted with applications at their homes? yes / no</p>		
<p><u>ENFORCEMENT - Evaluate how policies meet 504 requirements:</u></p> <p>Statement of Assurances in grant applications? yes / no</p> <p>Non-discrimination clause in deed of trust? yes / no</p> <p>Names of Advisors on Handicapped are:</p> <p>_____</p> <p>_____</p>		

Name and signature of Section 504 Coordinator: _____ / _____

Date Signed: _____

RESIDENTIAL RELOCATION PLAN - Forms

H. Residential Anti-Displacement and Relocation Assistance Plan Checklist (Completed Checklist Required for All Applicants)

1. Does the proposed activity include acquisition of real property?

No. (If no, go to #3 below)

Yes. If yes, check the appropriate box below and answer question 2 and 3.

Site Control under option to purchase.

Site is identified but no negotiations have taken place.

Site not identified (Stop here and go to next Section)

2. Will site acquisition require use of eminent domain?

Yes. (see note) No.

Note: CDBG funds cannot be used with eminent domain. Site acquisition under this circumstance may not be eligible.

3. Will the activity involve acquisition or rehabilitation of site with structures and are structures currently occupied?

Yes. The applicant must provide documentation showing that persons in the project have received a General Information Notice and provide a copy of a project-specific relocation plan, which was made public. The plan must address how many persons will be displaced and services and benefits made available.

No. The applicant must provide documentation of why no person will be displaced (i.e., property being acquired has no structures on it, or structures on the property have been vacant for over 120 days).

4. Will this project cause the elimination of affordable housing units and trigger Section 104(d) replacement requirements?

Yes. Successful applicants must provide a plan to CDBG staff for replacing all affordable housing units eliminated as a special condition of the contract.

No.

STATEMENT OF ASSURANCES (2010) - Forms

By checking the boxes, the certifier assures the statements are true.

The City/County of _____ hereby assures and certifies that:

1. Legal Authority
It possesses legal authority to apply for the grant and to execute the proposed program.
2. Application Authorization
Its governing body has duly adopted or passed as an official act or resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the applicant's chief executive officer or other designee to act in connection with the application and to provide such additional information as may be required.
3. Citizen Participation
It has or will comply with all citizen participation requirements, which include, at a minimum, the following components:
- a. Provides for and encourages citizen participation, with particular emphasis on participation by persons of low and moderate income who are residents of slum and blight areas and of areas in which CDBG funds are proposed to be used, and provides for participation of residents in low- and moderate-income neighborhoods as defined by the local jurisdiction; and
 - b. Provides citizens with reasonable and timely access to local meetings, information, and records relating to the grantee's proposed use of funds, as required by CDBG regulations, and relating to the actual use of funds under this title; and
 - c. Provides for technical assistance to groups representative of persons of low and moderate income that request such assistance in developing proposals with the level and type of assistance to be determined by the grantee; and
 - d. Provides for public hearings to obtain citizen views and to respond to proposals and questions at all stages of the community development program. These include at least the development of needs, the review of proposed activities, and review of program performance, which hearings shall be held after adequate notice, at times and locations convenient to potential or actual beneficiaries and with accommodation for the handicapped. This shall include one public meeting during the program design, annual performance report preparation, and formal amendments. A public hearing shall be conducted prior to application submittal; and

STATEMENT OF ASSURANCES (2010) - Forms

- e. Solicits and provides for a timely written answer to written complaints and grievances, within fifteen (15) working days where practicable; and
- f. Identifies how the needs of non-English speaking residents will be met in the case of public hearings where a significant number of non-English speaking residents can reasonably be expected to participate.

4. National Objective

The CDBG Program has been developed to primarily benefit targeted income persons and households, and each activity in the grantee's program meets one of the three national objectives: benefit to low- and moderate-income persons, elimination of slums and blight, or meets an urgent community need certified by the grantee as such.

5. NEPA Environmental Review

It consents to assume the responsibilities for environmental review and decision-making in order to ensure compliance with NEPA by following the procedures for recipients of block grant funds as set forth in 24 CFR, Part 58, titled "Environmental Review Procedures for Title I Community Development Block Grant Programs." Also included in this requirement is compliance with Executive Order 11988 relating to the evaluation of flood hazards, and Section 102(a) of the Flood Disaster Protection Act of 1973 (Public Law 93-234) regarding purchase of flood insurance, and the National Historic Preservation Act of 1966 (16 USC 470) and implementing regulations (36 CFR 800.8).

6. CEQA

It consents to assume the role of either Lead Agency as defined by Section 21067 of the California Public Resources Code, or if another public agency is or will be designated Lead Agency, it consents to assume the role of Responsible Agency as defined by Section 21069 of the California Public Resources Code, in order to ensure compliance with CEQA.

7. Audit/Performance Findings

It has resolved any audit findings or performance problems for prior CDBG grants awarded by the State.

8. Growth Control

It certifies that there is no plan, ordinance, or other measure in effect which directly limits, by number, the building permits that may be issued for residential construction or the buildable lots which may be developed for residential purposes; or if such a plan, ordinance, or measure is in effect, it will either be rescinded before receiving funds, or it need not be rescinded because it:

- a. Imposes a moratorium on residential construction, to protect the health and safety, for a specified period of time which will end when the public health and safety is no longer jeopardized; or
- b. Creates agricultural preserves under Chapter 7 (commencing with Section 51200) of Part 2 of Division 1 of Title 5 of the Government Code; or

STATEMENT OF ASSURANCES (2010) - Forms

- c. Was adopted pursuant to a specific requirement of a State or multi-State board, agency, department, or commission; or
- d. The applicant has an adopted housing element which the Department has found to be in compliance, unless a final order has been used by a court in which the court determined that it is not in compliance with Article 10.6 of Chapter 3 of Division 1 of Title 7 of the Government Code; or
- e. The use of the funds applied for in this application is restricted for housing for the targeted income group.

9. Uniform Administrative Requirements

It will comply with the regulations, policies, guidelines, and requirements of OMB Circular Numbers A-87, A-133, A-122, and 24 CFR Part 85, where appropriate, and the State CDBG regulations.

10. Nondiscrimination

It shall comply with the following regarding nondiscrimination:

- a. Title VI of the Civil Rights Act of 1964 (Public Law 88-352).
- b. Title VIII of the Civil Rights Act of 1968 (Public Law 90-284) as amended; and will administer all programs and activities related to housing and community development in a manner affirmatively furthering fair housing.
- c. Section 109 of the Housing and Community Development Act of 1974, as amended.
- d. Section 3 of the Housing and Urban Development Act of 1968, as amended.
- e. Executive Order 11246, as amended by Executive Orders 11375 and 12086.
- f. Executive Order 11063, as amended by Executive Order 12259.
- g. Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), as amended, and implementing regulations.
- h. The Age Discrimination Act of 1975 (Public Law 94-135).
- i. The prospective contractor's signature affixed hereon and dated shall constitute a certification under the penalty of perjury under the laws of the State of California that the bidder has, unless exempted, complied with the nondiscrimination program requirements of Government Code Section 12990 and Title 2, California Code of Regulations, Section 8103.

11. Anti-Displacement/Relocation

It will comply with the Federal Relocation Act (42 U.S.C. 4601 et seq.) and certifies that it will follow the state's residential anti-displacement and relocation plan

STATEMENT OF ASSURANCES (2010) - Forms

located in Appendix L of the State's 2005-2010 Consolidated Plan. The Plan can be found at: <http://www.hcd.ca.gov/hpd/hrc/rep/fed/conplan05-10final.pdf>.

12. Labor Standards

It will comply with the following regarding labor standards:

- a. Section 110 of the Housing and Community Development Act of 1974, as amended.
- b. Section 1720 et seq. of the California Labor Code regarding public works labor standards.
- c. Davis-Bacon Act as amended (40 USC. 276a) regarding prevailing wage rates.
- d. Contract Work Hours and Safety Standards Act (40 USC 3702) regarding overtime compensation.
- e. Anti-Kickback Act of 1934 (41 USC 51-58) prohibiting "kickbacks" of wages in federally assisted construction activities.

13. Architectural Barriers

It will comply with the Architectural Barriers Act of 1968 (42 USC 4151-4157) and implementing regulations (24 CFR Part 40-41).

14. Conflict of Interest

It will enforce standards for conflicts of interest which govern the performance of their officers, employees, or agents engaged in the award and administration, in whole or in part, of State CDBG grant funds (Section 7126 of the State regulations).

15. Limitations on Political Activities

It will comply with the Hatch Act (5 USC 1501 et seq.) regarding political activity of employees.

16. Lead-Base Paint

It will comply with the Lead-Based Paint Regulations (24 CFR Part 35) which prohibits the use of lead-based paint on projects funded by the program.

17. Debarred Contractors

The applicant or its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal assistance programs, in any proposal submitted in connection with the CDBG program, per the Excluded Party List System (www.epls.gov). In addition, the applicant will not award contracts to or otherwise engage the services of any contractor while that contractor (or its principals) is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation from the covered transaction, in any proposal submitted in connection with the CDBG program under the provisions of 24 CFR Part 24.

STATEMENT OF ASSURANCES (2010) - Forms

18. Inspection of Grant Activities
It will give HUD, the Comptroller General, the State Department of Housing and Community Development, or any of their authorized representatives access to and the right to examine all records, books, papers, or documents related to the grant.
19. Cost Recovery
It will not attempt to recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing properties owned and occupied by targeted income persons unless:
- a. CDBG funds are used to pay the proportion of such assessment that relates to non-CDBG funding; or
 - b. For the purposes of assessing properties owned and occupied by targeted income persons who are not of the lowest targeted income group, it does not have sufficient CDBG funds to comply with the provisions of "a" above.
20. Procurement
It will follow the federal procurement policies per 24 CFR Sec. 85.36
21. Excessive Force
It will adopt and enforce policies:
- a. Prohibiting the use of excessive force by its law enforcement agencies against individuals engaged in non-violent civil rights demonstrations; and
 - b. Enforcing applicable State and local law against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstration within its jurisdiction.
22. Compliance with Laws. The jurisdiction will comply with applicable laws.

The Certification is made under penalty of perjury under the laws of the State of California.

NAME OF CERTIFYING OFFICIAL:

_____ (print/type)

CHIEF ADMINISTRATIVE EXECUTIVE:

_____ (enter exact title of person signing)

Signature (blue ink)

Date certified

OMB CIRCULAR A-133 - Forms

OMB CIRCULAR A-133

Office of Management and Budget (OMB) Circular A-133 is used pursuant to the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. It sets forth the standards for obtaining consistency and uniformity among Federal agencies for the audit of states, local governments, and non-profit organizations expending Federal awards. Cities and counties not exempted from the requirements of OMB Circular A-133 must submit their audits to the State Controller. Non-profit organizations not exempted must submit their audits to the California Department of Housing and Community Development.

Pursuant to the requirements of OMB Circular A-133, please check the appropriate statement and certify at the bottom of the page:

- The _____ (name of entity) has expended more than \$500,000 in Federal funds in fiscal year **2008/2009** and is required to conduct a single audit or program specific audit for this year in accordance with the provisions of OMB Circular A-133:
- The audit has been completed and has been submitted to the appropriate control agency. (Proof of submittal must be submitted with this form and the application. Failure to do so may result in denial of CDBG funds.)
 - The audit has not been completed. It is anticipated that the audit will be completed and submitted to the appropriate control agency by: _____ (date). (Upon completion of audit, proof of submittal must be submitted to CDBG in order to be eligible to access CDBG funding, if awarded.)

- The _____ (name of entity) has expended less than \$500,000 in federal funds in fiscal year **2008/2009** and is exempt from the requirements of OMB Circular A-133. Non-Federal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and the General Accounting Office. (Submit proof of this statement, such as proof of sending the exemption letter to SCO, with this form and the application)

I certify on behalf of _____ (name of entity) that the above is a true and accurate statement.

(Printed/Typed Name)

(Title)

(Signature) (blue ink)

(Date signed)

**HUD ENVIRONMENTAL FORM FOR STATUTES AND REGULATIONS AT
24 CFR 58.6 - Forms**



U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

DRI/CDBG Grantee: _____

The environmental level of review for:

GENERAL ADMINISTRATIVE ACTIVITY is:

Exempt (24 CFR Part 58.34)

(Print or type name)

(Print or type title)

Certifying Officer Signature (blue ink)

Date Certified

HUD ENVIRONMENTAL FORM FOR STATUTES AND REGULATIONS AT 24 CFR 58.6 - Forms



U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

ACTIVITY DESCRIPTION: GENERAL ADMINISTRATIVE ACTIVITIES

Level of Environmental Review Determination (per EFF): Select

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

STATUTES and REGULATIONS listed at 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA identified Special Flood Hazard?
 No Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed; go to next factor).
 Yes Source Document: _____
2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
 Yes Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.
 No Federal assistance may not be used in the Special Flood Hazards Area.

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?
 No Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States. (This factor is completed; go to next factor).
 Yes Federal assistance may not be used in such an area.

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?
 No Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3). **(This factor is completed)**
 Yes **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Preparer Signature _____

Print Name _____

Date Certified _____

Certifying Officer Signature (**blue** ink) _____

Print Name _____

Date Certified _____

GRANT ADMINISTRATIVE CAPACITY - Forms

A. Does the applicant have CDBG grant administration experience

Yes

No

B. If funded from this application, how will this grant be administered? Who will carry out the grant's General Administrative activities?

In-house staff only. (**Attach resumes and duty statements of staff that will be performing the work.**)

Supporting documentation on page(s): _____

Subrecipient Agreement:

Draft Executed. Term of the Agreement: _____

Other: _____

Supporting documentation on page(s): _____

Procured administrator(s) per 24 CFR 85.36 and the GMM Chapter 8.

Per Small Purchase Authority

By Competitive Proposal

By Non-Competitive/Sole-Source

• Department approval documentation, pages: _____

Term of the agreement: _____

Supporting documentation on page(s): _____

Some combination of the above. Describe: _____

Supporting documentation on page(s): _____

APPLICATION FUNDING SOURCES/USES/PROGRAM INCOME/LEVERAGE - Forms

ALL ACTIVITIES – ALL FUNDING SOURCES

USES	SOURCES						
ACTIVITY	STATE OR FEDERAL				OTHER LEVERAGE		
	State DRI/CDBG	Program Income Available: _____ (all uncommitted RLA funds) Program Income Committed:	Other State Funds	Federal Funds	Local Funds	Private	Totals:
<u>General Admin.</u> <u>(GA)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<u>Activity Delivery</u> <u>(AD)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

HOUSING REHABILITATION INSTRUCTIONS

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. What type of Housing Rehabilitation Activity is being proposed?

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

- Applicants that are proposing both a single-family housing rehabilitation program and a multi-family housing rehabilitation project **must** separate the requested dollar amounts for each type of activity and use a separate set of forms for each. Please note that funds may **not** be moved between these two different activities unless the Department approves a formal contract amendment.

3. If applying for a project, indicate the proposed location.

4. Description of activity:

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for rehabilitation should be based on the extent of damage or destruction stemming from 2008 wild fire disaster(s) and urgent need of health and safety repairs.

If more than one program/project is being proposed, submit a separate set of Activity Forms for each program/project.

5. Who will carry out this activity?

For this specific activity, who will be in charge of administering the program/project? If it will be a combination, check all appropriate boxes and list the name(s), as indicated, on the forms beginning on Page 38.

6. What are the Milestones associated with this activity? (projects only)

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

HOUSING REHABILITATION INSTRUCTIONS

B. BENEFIT:

1. Service Area – Programs Only:

Is the proposed Program going to be a Jurisdiction-wide Program, or will the Program be limited to a Targeted Area benefit?

All Applicants:

- List the Census Tract(s) and Block Group(s) for the proposed area.
- If proposing activities in a target area, a local survey of the target area is acceptable if the data is less than five years old, and is supported by documentation.
- A map must be provided showing the exact Census Tract(s) and/or Block Group(s) being served.

2. Beneficiaries:

For Programs: Housing Rehabilitation Program Activities must only benefit 100 percent TIG households. Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, Low TIG (LTIG) and Extremely LTIG.

For Projects: Common improvements such as roofs and exterior painting may be pro-rated based on percentage of TIG units being served. Under the following limited circumstances, structures with less than 51 percent TIG occupants may be assisted if:

- Assistance is for an eligible activity that reduces the development cost of new construction of non-elderly, multi-family rental housing projects; **and**
- At least 20 percent of the units will be occupied by TIG households at an affordable rent; **and**
- The proportion of cost borne by CDBG funds is no greater than the proportion to be occupied by TIG households.

Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, LTIG and Extremely LTIG.

3. Loans vs. Grants:

Indicate the proposed number of loans and the proposed number of grants the jurisdiction anticipates for this activity.

C. NEED FOR ACTIVITY:

Refer to Appendix A of the NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

HOUSING REHABILITATION INSTRUCTIONS

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. **Activity Administrator:**

How will this activity be administered? *(Check all that apply.)*

- In-house:
 - Include supporting documentation to show grantee staff experience.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. **Site Control:**

Check the appropriate box(es) and submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or, executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may

HOUSING REHABILITATION INSTRUCTIONS

be found. A list of acceptable readiness items is included in the Housing Rehabilitation Table of Contents.

For any additional readiness documentation, add rows to the Table of Contents and the page where support documentation can be found.

5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity.

On the “All Funding Sources” Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction, and other related cost estimates.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

HOUSING REHABILITATION FORMS

HOUSING REHABILITATION TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Housing Rehab Forms (all pgs)	Select		
Activity Sources and Uses	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
Other: _____	Select		
NEED			
Supplemental Information	Select		
Additional Supporting Documentation (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
RER, <i>excluding Appendix A</i>	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice	Select		
Ready to sign RROF	Select		
PI Reuse Plan	Select	Select	
Housing Rehab Guidelines	Select	Select	
Temporary Relocation Plan	Select	Select	
Contractor List	Select	Select	
Existing Program Continued	Select		
Program: Potential Clients	Select	Select	
Projects Only: Site Control	Select	Select	
Projects Only: Financing	Select	Select	
Projects Only: Plans and Specs	Select	Select	
Bid Package	Select	Select	
Other:	Select		

HOUSING REHABILITATION FORMS

A. ACTIVITY INFORMATION:

1. **How much is being requested for this activity?**
\$_____ = \$_____ + \$_____
Total \$\$ Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. **How will the requested CDBG funds be used?**
*Check **ONLY one** type of Program **OR one** type of Project. If more than one program/project is being proposed, submit a separate set of Activity Forms for each program/project:*

- a) Programs
 - Rehab: Single-Unit Residential
 - Rehab: Multi-Unit Residential

- b) Projects
 - Multi-Family Rehabilitation Project
 - Rehab of Other Publicly Owned Residential Buildings
 - Housing Real Property Acquisition for Rehabilitation
 - Other** (include complete description of activity below)

3. **If a Project is being proposed, what is the location of the sites(s) where the activity will occur?**

Does the Applicant currently have site control? (*Provide documentation*)
 Yes No

4. **Description of Activity:** (*See instructions.*)

5. **Who will be the Activity Administrator?** (*Check all that apply.*)
- Jurisdiction (Applicant)
 - Consultant/Contractor (For-Profit entity)
 - Non-Profit as Subrecipient
 - CHDO (Community Housing Development Organization)
 - Another unit of local government
 - Another public agency
 - Non-Profits not acting as Subrecipients
 - Faith-based organization
 - Institution of higher education

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

HOUSING REHABILITATION FORMS

- 6. Proposed Timeline/Schedule/Milestones (for projects only):**
 Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. BENEFIT:

1. **Service area for Programs:** (*Check only one.*)
- Entire Jurisdiction
- Target Area(s):

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

| Census Tract |
|----------------|----------------|----------------|----------------|----------------|----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Block Group(s) |
| _____ | _____ | _____ | _____ | _____ | _____ |

2. **Beneficiaries by Income and Tenure:**
 Housing Rehabilitation **programs** are income restricted and benefit 100 percent TIG. Indicate the number of households that will be assisted by category of TIG and by owner- or renter-occupied units.

INCOME LEVEL of **OWNER-OCCUPIED** units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

HOUSING REHABILITATION FORMS

INCOME LEVEL of **RENTER-OCCUPIED** units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

3. **Estimated number of:** _____ Loans _____ Grants

D. READINESS:

1. Activity Administrator:

If funded, how will this activity be administered?

In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

Subrecipient Agreement:
 Draft Executed Other: _____
 Term of the agreement: _____

Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
 Per Small Purchase Authority
 By Competitive Proposal
 By Non-Competitive/Sole-Source
 Include Department approval documentation, pages: _____
 Term of the agreement: _____

Combination of the above. Describe: _____

2. Environmental Review (check all applicable):

- Environmental Finding Form (EFF)
- Form 58.6
- Rehabilitation Environmental Review (RER) excluding Appendix A
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice
- Ready to Sign Request for Release of Funds (RROF)

HOUSING REHABILITATION FORMS

3. Site Control (Projects only):

- | Draft | Executed | |
|--------------------------|--------------------------|--------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List _____ |

4. Other Readiness Documentation Provided:

- | | |
|-----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Program Income Reuse Plan | <input type="checkbox"/> Contractor List |
| <input type="checkbox"/> Housing Rehab Guidelines | Projects Only: |
| <input type="checkbox"/> Temporary Relocation Plan | <input type="checkbox"/> Project Financing |
| <input type="checkbox"/> Existing Program Continued | <input type="checkbox"/> Project Plans and Specs |
| <input type="checkbox"/> Potential Clients | <input type="checkbox"/> Bid Package |

Note: If the applicant's Program Guidelines have been submitted and previously approved by the Department, please provide only the Department's approval letter.

HOUSING REHABILITATION - Forms

HOUSING REHABILITATION – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				OTHER LEVERAGE			
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
<u>General Admin. (GA)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
<u>Activity Delivery (AD)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____

HOMEOWNERSHIP ASSISTANCE - Instructions

A. ACTIVITY INFORMATION:

Table of Contents:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to the NOFA for additional information on eligible activities<<

1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this activity. Then break out the amount that will be used for the actual Activity and which will be used for Activity Delivery.

(Total \$\$ Requested for this Activity) = (Activity \$\$) + (Activity Delivery \$\$)

2. **Description of Activity:**

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how.

3. **Who will carry out this activity?**

For this specific activity, who will be in charge of administering the program? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

B. BENEFIT:

1. **Service Area:**

Is the proposed Program going to be a Jurisdiction-wide Program, or will the Program be limited to a Targeted Area of the Jurisdiction?

All Applicants:

- List the Census Tract(s) and Block Group(s) for the service area.
- A map must be provided showing the exact Census Tract(s) and/or Block Group(s) being served.

2. **Beneficiaries:**

Homeownership Assistance must benefit 100 percent TIG households. Of the proposed number of households to be assisted, indicate the number by TIG, LTIG and Extremely LTIG.

>>See NOFA and Appendix A for Targeted Income Group instructions<<

HOMEOWNERSHIP ASSISTANCE - Instructions

3. **Loans vs. Grants:**

Indicate the proposed number of loans and the proposed number of grants the jurisdiction anticipates for this activity.

C. **NEED FOR ACTIVITY:**

Refer to Appendix A of the NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. **Activity Administrator:**

How will this activity be administered? *(Check all that apply.)*

- **In-house:**
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- **Subrecipient:**
 - Provide a draft or executed subrecipient agreement.
- **Procured:**
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

HOMEOWNERSHIP ASSISTANCE - Instructions

3. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

4. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the "Homeownership Assistance - All Funding Sources" chart:

- Under "Uses", identify cost categories applicable to the proposed activity.
- Fill in the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include supporting documentation for Local and Private Leverage for this activity.

HOMEOWNERSHIP ASSISTANCE - Forms

HOMEOWNERSHIP ASSISTANCE TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Homeownership Assistance (all pgs)	Select		
Activity Sources and Uses	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
Other: _____	Select		
NEED			
Supplemental Information	Select		
Additional Supporting Documentation (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
PI Reuse Plan	Select	Select	
Homeownership Assist. Guidelines	Select	Select	
Existing Program Continued	Select		
Homebuyer Waiting List	Select		
Pre-Qualified Applicants List	Select		
Marketing Plan	Select		
Other: _____	Select		
Other: _____	Select		

HOMEOWNERSHIP ASSISTANCE - Forms

A. ACTIVITY INFORMATION:

1. **How much is being requested for this activity?**

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. **Description of Activity:** *(See instructions.)*

3. **Who will be the Activity Administrator?** *(Check all that apply.)*

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profits not acting as Subrecipients
- Faith-based organization
- Institution of higher education
- Combination of _____

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

B. BENEFIT:

1. **Service Area:** *(Check only one.)*

- Entire Jurisdiction
- Target Area(s):

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract					
Block Group(s)					

HOMEOWNERSHIP ASSISTANCE - Forms

2. Beneficiaries (number of households):

All Homeownership Assistance activities are income restricted and must benefit 100 percent TIG. Provide the number of households expected to benefit from this grant:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

3. Estimated number of:

_____ Loans _____ Grants

C. NEED FOR ACTIVITY:

Refer to Appendix A of NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

D. READINESS:

1. Activity Administrator:

If funded, how will this activity be administered?

In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

Subrecipient Agreement:
 Draft Executed Other: _____
 Term of the agreement: _____

Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
 Per Small Purchase Authority
 By Competitive Proposal
 By Non-Competitive/Sole-Source
 Department approval documentation, pages: _____
 Term of the agreement: _____

Combination of the above. Describe: _____

2. Environmental Review (check all applicable):

- Environmental Finding Form (EFF)
- Form 58.6

HOMEOWNERSHIP ASSISTANCE - Forms

3. Other Readiness Documentation Provided:

- Program Income Reuse Plan
- Homeownership Assistance Program Guidelines
- Existing Program Continued
- Waiting List
- List of pre-qualified Applicants
- Marketing Plan

4. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Homeownership Assistance – All Funding Sources chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include supporting documentation for Local and Private Leverage for this activity.

HOMEOWNERSHIP ASSISTANCE - Forms

HOMEOWNERSHIP ASSISTANCE – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
<u>General Admin. (GA)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
<u>Activity Delivery (AD)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____

REAL PROPERTY ACQUISITION - Instructions

CDBG eligibility for a Real Property Acquisition activity is based on the use of the acquired real property after acquisition (end use).

IMPORTANT CONSIDERATIONS

- *For “Housing Acquisition or First-time Homebuyer” programs, use the Homeownership Assistance Activity Forms and Instructions.*
- *For non-housing related acquisition, use the other appropriate activity forms (e.g., public facilities, public improvements).*
- *For a housing project, continue with the Real Property Acquisition instructions and corresponding forms.*
- *For any other type of Real Property Acquisition, please refer to the NOFA to determine eligibility or contact a CDBG Representative for instructions.*

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to NOFA for additional information on eligible and ineligible activities<<

1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Indicate the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. **What type of Acquisition Activity is being proposed?**

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

REAL PROPERTY ACQUISITION - Instructions

3. Indicate the location of the proposed acquisition.
Include the address, Census Tracts/Block Groups and attach maps and photos.

4. Description of Activity:
Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on urgent need of health and safety services.

Include information about the total project cost, funding by source, how CDBG funds will be used and the number of housing units/households assisted.

Example: The County of PDQ will use the \$500,000 to assist the NP Housing Development Corporation (NPHDC) to purchase a rental housing project consisting of 50 units, located in the rural Vista community in the Northwest area of the County. These units are currently occupied by 10 TIG and 40 LTIG households. The balance of funding for this \$2 million project will be provided by a CHFA loan in the amount of \$1,400,000 and a FHLB Affordable Housing Program grant of \$100,000. Affordability restrictions will be placed for the term of the loan.

Describe and document how the applicant will ensure the Real Property Acquisition and the final use of the property will be maintained as a CDBG eligible use in the future.

5. Who will carry out this activity?
For this specific activity, who will be in charge of administering the program/project. If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

6. What are the Milestones associated with this activity?
Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT:

1. Beneficiaries:
What types of people will benefit from this activity?

2. Number of households who will benefit:
Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, LTIG and Extremely LTIG.

REAL PROPERTY ACQUISITION - Instructions

If a multi-family mixed income project is proposed, CDBG funds can only be used when at least 51 percent of the units are occupied by TIG households.

Common improvements such as roofs and exterior painting can be pro-rated based on percentage of TIG units being served.

Under the following limited circumstances, structures with less than 51 percent TIG occupants may be assisted if:

- Assistance is for an eligible activity that reduces the development cost of new construction of non-elderly, multi-family rental housing projects; **and**
- At least 20 percent of the units will be occupied by TIG households at an affordable rent; **and**
- The proportion of cost borne by CDBG funds is no greater than the proportion to be occupied by TIG households.

Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, LTIG and Extremely LTIG

Note: Occupancy/use by the beneficiaries must occur by the CDBG contract expiration date.

3. Percentage of TIG housing units benefiting from this proposed activity:

Answer the questions and follow steps to determine percentage.

C. NEED FOR ACTIVITY:

Refer to Appendix A of NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

REAL PROPERTY ACQUISITION - Instructions

1. Activity Administrator:

How will this activity be administered? (*Check all that apply.*)

- In-house:
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. Environmental Review:

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. Site Control:

Check the appropriate box(es) and submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. Other Readiness Documentation:

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

REAL PROPERTY ACQUISITION - Instructions

5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Real Property Acquisition – All Funding Sources chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

REAL PROPERTY ACQUISITION - Forms

REAL PROPERTY ACQUISITION TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Real Property Acq. Forms (all pgs)	Select		
Activity Sources and Uses	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
Other: _____	Select		
NEED			
Supplemental Information	Select		
Additional Supporting Documentation (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
PI Reuse Plan	Select	Select	
Homeownership Assist. Guidelines	Select	Select	
Existing Program Continued	Select		
Potential Client List	Select	Select	
Pre-Qualified Applicants List	Select	Select	
Marketing Plan	Select		
Sources/Uses/Timeline	Select		
Other: _____	Select		
Other: _____	Select		

REAL PROPERTY ACQUISITION - Forms

A. ACTIVITY INFORMATION:

1. **How much is being requested for this activity?**

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. **What type of acquisition is being proposed?**

- Acquisition of existing multi-family housing.
- Acquisition of existing mobile home park.
- Acquisition of rental housing, the majority of which is unoccupied.
- Acquisition of land for: _____
- Other Acquisition for a Housing Activity.
Describe: _____
- Other Acquisition:
Describe: _____

3. **Location of site(s) where activity will occur:**

Census Tract/Block Group _____, Map Included on Page _____

Does the Applicant currently have site control?

- Yes No

Explain Site Control Available: _____

4. **Description of Activity and proposed final use:** *(See instructions.)*

Final Use meets which National Objective?

5. **Who will be the Activity Administrator?** *(Check all that apply.)*

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profits not acting as Subrecipients
- Faith-based organization
- Institution of higher education

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

REAL PROPERTY ACQUISITION - Forms

6. Proposed Timeline/Schedule/Milestones:

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. BENEFIT:

Answer the questions and follow the prompts below to determine project eligibility based on beneficiaries.

1.	What percentage of housing units benefiting from this proposed activity are TIG households? _____%	
	<ul style="list-style-type: none"> • If proposing assistance for development of individual-ownership housing, there must be <u>100% TIG benefit</u>. (STOP. GO to Section C.) • If proposing assistance for the development of rental housing, <i>CONTINUE with questions below.</i> 	
2.	<ul style="list-style-type: none"> • If the answer to question # 1 is 51% or greater, STOP. GO to Section C. • If the answer to question # 1 is between 20% and 50%, <i>CONTINUE with questions below.</i> 	
	<ul style="list-style-type: none"> • If the answer to question # 1 is less than 20%, 	<p>STOP. Project does not meet the TIG National Objective and is ineligible.</p>
3.	Does the applicant propose to assist a senior housing project that is between 20% and 50% TIG?	___ YES STOP. Project does not meet the TIG National Objective and is ineligible ___ NO. CONTINUE.

REAL PROPERTY ACQUISITION - Forms

3.a. Enter the Total Development Costs (TDC) for this project.	\$ _____				
3.b. Enter the dollar amount of CDBG funds requested for this project.	\$ _____				
Divide CDBG funds (3. b.) <u>by</u> TDC (3. a.) = (percentage of CDBG funds relevant to TDC)	_____ %				
Is the percentage of CDBG funds <u>equal to or less than</u> the percentage of TIG households shown in #1 above?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">_____ YES</td> <td style="width: 50%;">Project <u>meets</u> the TIG National Objective for this activity.</td> </tr> <tr> <td style="text-align: center;">_____ NO.</td> <td>Project does not meet the TIG National Objective and is <u>ineligible</u>.</td> </tr> </table>	_____ YES	Project <u>meets</u> the TIG National Objective for this activity.	_____ NO.	Project does not meet the TIG National Objective and is <u>ineligible</u> .
_____ YES	Project <u>meets</u> the TIG National Objective for this activity.				
_____ NO.	Project does not meet the TIG National Objective and is <u>ineligible</u> .				

4. Beneficiaries (number of households):

Of the eligible households noted above, separate the TIG households by the following TIG ranges:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS

Survey Documentation on Page _____

C. NEED FOR ACTIVITY:

Refer to Appendix A of NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

D. READINESS:

1. Activity Administrator:

If funded, how will this activity be administered?

- In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- Subrecipient Agreement:
- | | | |
|-------------------------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Draft | <input type="checkbox"/> Executed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Term of the agreement: _____ | | |

REAL PROPERTY ACQUISITION - Forms

- Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
- Per Small Purchase Authority
 - By Competitive Proposal
 - By Non-Competitive/Sole-Source
- Department approval documentation, pages: _____
- Term of the agreement: _____
- Combination of the above. Describe: _____

2. Environmental Review (check all applicable):

- Environmental Finding Form (EFF)
- Form 58.6
- Rehabilitation Environmental Review (RER) excluding Appendix A
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice
- Ready to Sign Request for Release of Funds (RROF)

3. Site Control (Projects only):

- | Draft | Executed | |
|--------------------------|--------------------------|--------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

4. Other Readiness Documentation Provided:

- Timeline
- Financing in Place
- Program Income Reuse Plan
- Marketing Plan
- List of pre-qualified Applicants
- Existing Program Continued

REAL PROPERTY ACQUISITION - Forms

REAL PROPERTY ACQUISITION – ALL FUNDING SOURCES

USES	SOURCES							
	STATE OR FEDERAL				LEVERAGE			
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
<u>General Admin. (GA)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
<u>Activity Delivery (AD)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PUBLIC SERVICES - Instructions

If multiple services are proposed, complete one set of Public Service Activity forms for each service.

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to NOFA for additional information on eligible and ineligible activities<<

1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

>>See NOFA for Activity Delivery instructions<<

2. **What type of Public Service will be provided?**

Check the type of service that will be provided. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

3. **Description of Activity:**

Provide a brief narrative description of the proposed activity. The narrative should include specific quantifiable information on who, what, when, where and how. Priority for this activity should be based on health and safety need.

4. **Location of site where the service will be carried out:**

Indicate the specific location where the program will be carried out. Check the appropriate box if the jurisdiction has site control of the location.

5. **Who will carry out this activity?**

For this specific activity, who will be in charge of administering the program? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

PUBLIC SERVICES - Instructions

B. BENEFIT:

1. **Service Area:**

Will the proposed Public Services benefit the entire Jurisdiction, or will the Public Services primarily benefit a Targeted Area of the Jurisdiction?

Please provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s)

2. **Beneficiaries:**

Who will benefit from this public service? Specify the type of beneficiaries and include support documentation.

3. **Number of people who will benefit:**

Under each column, identify the proposed number of people who will benefit by each specific income group.

C. NEED FOR ACTIVITY:

Refer to Appendix A of NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

In addition, please answers questions 1 – 5 and complete the need matrix. Attach appropriate supporting documentation under each need criteria.

1. **What level of service is needed?**

2. **How was the need determined?**

3. **Availability of similar services.**

4. **Problem if the service is not provided, continued or expanded.**

5. **How will DRI/CDBG funding solve the problem?**

6. **Supporting Documentation:**

- This section will be used to assist the Department in assessing the relative need for the activity based on documentation demonstrating that: a serious problem exists; there is an unmet demand or need, and the extent to which the service would solve the problem.
- Use the following "Public Services Need Documentation Matrix" to:
 - document the severity of the problem;
 - document the extent to which the service would solve the problem;
 - provide additional supporting documentation.

PUBLIC SERVICES - Instructions

- Identify documentation pertaining to one of the three need criteria and identify how they quantify the problem:

The most competitive applications will address a serious threat to the health, safety or well-being of the proposed beneficiaries. Applications with quantitative documentation of the problem may be more competitive. Such documentation could include, but not be limited to, waiting list information and data from government agencies. In rating and ranking the proposed activities in the event of a tie-breaker, the Department will assign points based on the relative severity of problems among all applications.

D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. **Activity Administrator:**

How will this activity be administered? (*Check all that apply.*)

- In-house:
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

PUBLIC SERVICES - Instructions

3. **Site Control:**

Check the appropriate box(es), and submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

5. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Public Services – All Funding Sources chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

PUBLIC SERVICES - Forms

PUBLIC SERVICES TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Services Forms (this activity)	Select		
Activity Sources and Uses	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
Other: _____	Select		
NEED			
Current Level of Service	Select		
Proposed Beneficiaries - Need Determination	Select		
Existing Beneficiaries - Need Determination	Select		
Unmet Demand - Need Determination	Select		
Availability of Similar Services	Select		
Service Not Provided - Description	Select		
Service Will Solve Need - Description	Select		
Need Documentation Chart	Chart		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Site Control of Facility	Select		
Waiting List/Demand List	Select		
New Program with Staff Hired	Select		
Existing Program	Select		
Program Income Reuse Plan	Select	Select	
Other Readiness	Select		

PUBLIC SERVICES - Forms

If multiple services are proposed, complete one set of Public Service Activity forms for each service.

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. What type of Public Service will be provided? (Select only one.)

- | | |
|------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Senior Services (05A) | <input type="checkbox"/> Tenant/Landlord Counseling (05K) |
| <input type="checkbox"/> Services for the Disabled (05B) | <input type="checkbox"/> Child Care Services (05L) |
| <input type="checkbox"/> Legal Services (05C) | <input type="checkbox"/> Health Services (05M) |
| <input type="checkbox"/> Youth Service (05D) | <input type="checkbox"/> Abused & Neglected Children (05N) |
| <input type="checkbox"/> Transportation Services (05E) | <input type="checkbox"/> Mental Health Services (05O) |
| <input type="checkbox"/> Substance Abuse Services (05F) | <input type="checkbox"/> Screening for Lead (05P) |
| <input type="checkbox"/> Battered and Abused Spouses (05G) | <input type="checkbox"/> Subsistence Payments (05Q) |
| <input type="checkbox"/> Employment Training (05H) | <input type="checkbox"/> Security Deposits (05T) |
| <input type="checkbox"/> Crime Awareness (05I) | <input type="checkbox"/> Homeless/AIDS Programs (03T) |
| <input type="checkbox"/> Fair Housing (05J) | <input type="checkbox"/> Other Public Services (05) |
| <input type="checkbox"/> Code Enforcement (15) | (specify): _____ |

3. Location of site(s) where activity will occur:

Does the Applicant currently have site control?

- Yes
 No

Supporting Documentation on page(s): _____

4. Description of the Activity: (See instructions.)

5. Who will be the Activity Administrator? (Check all that apply.)

- Jurisdiction (Applicant)
 Consultant/Contractor (For-Profit entity)
 Non-Profit as Subrecipient
 CHDO (Community Housing Development Organization)
 Another unit of local government
 Another public agency
 Non-Profits not acting as Subrecipients
 Faith-based organization
 Institution of higher education

PUBLIC SERVICES - Forms

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____

B. BENEFIT:

1. Service Area: *(Check only one.)*

- Entire Jurisdiction
- Target Area(s):
 - TIG benefit for a target area **must** contain information/ documentation as to how only those within the Target Area will benefit from the activity. Page(s): _____

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract					
Block Group(s)					

2. Beneficiaries (people): *See NOFA and Appendix B for additional information.*

- Income Restricted (100 percent TIG). Support Documentation on Page _____
- Limited Clientele - (list type): _____. Support Documentation on Page _____
- Primarily TIG (List % of total): _____
 - Based on HUD Low/Mod charts. Charts on Page _____
 - Based on Income Survey, Survey results on page(s)_____
(This applies to services open to all residents in the service area, where at least 51% of the residents are TIG)

Note: Activities with 90% TIG benefit and above will receive more points for Benefit in the event of a tie-breaker.

3. Number of people who will benefit:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People

PUBLIC SERVICES - Forms

C. NEED FOR ACTIVITY:

Severity of Problem

1. What level of service is needed?

- A new service.
Supporting Documentation on page(s): _____

- An existing service to be continued, but for which funding has been or will be decreased.
 - Currently funded by: _____
 - Describe current financial situation: _____
 - Page(s) current financial statement located in application: _____
 - Date all existing funding will end: _____**Supporting Documentation on page(s):** _____

- An existing service to be increased.
 - Currently funded by: _____
 - Describe current financial situation: _____
 - Anticipated increase in service: _____ %
 - Page(s) current financial statement located in application: _____
 - Page(s) where quantification documentation is included: _____**Supporting Documentation on page(s):** _____

- An existing service funded by prior CDBG funds. List _____

2. How was the need for this Activity determined?

- Need Survey of **proposed** Beneficiaries
 - Proposed to serve: _____ (#)
Per: Day Week Month**Supporting Documentation on page(s):** _____

- Need Survey of **existing** Beneficiaries
 - Currently serve: _____ (#)
Per: Day Week Month**Supporting Documentation on page(s):** _____

- Unmet demand
 - People on a waiting list: _____ (#)
Per: Day Week Month
 - People turned away: _____ (#)
Per: Day Week Month
 - Other (*describe*): _____**Supporting Documentation on page(s):** _____

PUBLIC SERVICES - Forms

Extent to Which Activity Will Resolve the Problem

3. Are there similar services currently being provided within the community?

- No. *If no, skip to next question.*
 Yes.

- If yes, where are they being provided? _____
What is the distance to the proposed service location? _____
Include a map with the location(s) of similar services.

Supporting Documentation on page(s): _____

- If yes, are there any special impediments for TIG households to access the existing services?

- No. *If no, skip to next question..*
 Yes.

- If yes, what are the impediments? *Check all that apply and describe each one.*

- Transportation: _____
 ADA access: _____
 Other: _____

Supporting Documentation on page(s): _____

4. Describe the problem if is this service is not provided, continued or expanded:

5. Explain how and to what extent the proposed activity will solve the problem (quantify)

Third Party Documentation

6. Additional supporting documentation for this specific Public Service.

- Letters from Non-Profit Organization(s)
Supporting Documentation on page(s): _____
- News articles regarding the need for the service.
Supporting Documentation on page(s): _____
- Third-party letters describing the direct **health and safety** impact.
Supporting Documentation on page(s): _____
- Documentation to support the need(s) must be less than 5 years old.
- Note the page numbers, in this application, where documentation can be found.

Note: *For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the Public Services. Highlight the pertinent information.*

PUBLIC SERVICES - Forms

PUBLIC SERVICES NEED DOCUMENTATION MATRIX

**Click on the box, drop-down menu or text box to enter information.*

Source	Type of Documentation	Quantification	Page # (in app.)
DOCUMENTATION SUPPORTING SEVERITY OF PROBLEM ADDRESSED			
Select	Select	Select	
DOCUMENTATION OF THE EXTENT TO WHICH THE PROPOSED SERVICE(S) WOULD SOLVE THE PROBLEM			
Select	Select	Select	
ADDITIONAL THIRD PARTY SUPPORTING DOCUMENTATION			
Select	Select	Select	
Other	_____	_____	

PUBLIC SERVICES - Forms

D. READINESS:

1. **Activity Administrator:**

If funded, how will this activity be administered?

In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

Subrecipient Agreement:

Draft Executed Other: _____

Term of the agreement: _____

Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):

Per Small Purchase Authority

By Competitive Proposal

By Non-Competitive/Sole-Source

Department approval documentation, pages: _____

Term of the agreement: _____

Combination of the above. Describe: _____

2. **Environmental Review (check all applicable):**

Environmental Finding Form (EFF)

Form 58.6

3. **Site Control (for the location where services are provided):**

Draft Executed

 City/County owned site

 Purchase Agreement

 Option to Purchase

 Option to Lease

 Leasehold Interest

 Deed of Trust

 Other documentation of Site Control – List

4. **Other Readiness Documentation:**

Sources and Uses Form

PI Reuse Plan

Other: _____

PUBLIC SERVICES - Forms

PUBLIC SERVICES – ALL FUNDING SOURCES

USES	SOURCES							
	STATE OR FEDERAL				LEVERAGE			
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
<u>General Admin (GA)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
<u>Activity Delivery (AD)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PUBLIC FACILITIES - Instructions

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

The need for a public facility is based on the “Need” of the public service(s) that will be provided within that facility, and the need for the rehabilitation, acquisition or construction of the facility.

>>Refer to NOFA for additional information on eligible and ineligible activities<<

1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. **How will the requested DRI/CDBG funds be used?**

a) Select the type of project being proposed.

- Is there an exiting structure that will be acquired?
- Is there an existing facility that will be rehabilitated? If so, what type of rehabilitation is proposed?
- Is there no current structure and one will be built for the purposed stated?
- Which portion of the project will be funded by CDBG and which portion will have other funding?
- Will it be a combination of activities and/or funding? Check all that apply.

b) Select the type of Public Facility that will result.

- For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

3. **How many Public Service Activities will be provided at the facility?**

The need for the facility is based on the need for services being provided within the facility.

- If the applicant is applying for a Public Facility with more than one Public Service Activity being conducted at the facility, the applicant

PUBLIC FACILITIES - Instructions

must complete one set of activity "Need" forms for each Public Service Activity conducted within the facility.

4. What type of Public Service will be provided at the proposed facility? (Select all that apply.)

5. Location of site where the service will be carried out:

Indicate the specific location of the public facility. Check the appropriate box if the jurisdiction has site control of the location.

6. Description of the Project:

Provide a brief narrative description of the proposed project. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on urgent health and safety need for services that will be provided at the facility.

- If the applicant is proposing a public facility with more than one public service, explain all aspects of each service. If the project involves services that will benefit various user groups, describe each service to be housed in the facility and include square footage to be used by each group.
- Shared time usage by various services is not acceptable.
 - **Example 1:** The City of ABC will grant \$500,000 to the non-profit Battered Spouses Center, to purchase and rehabilitate a building to house battered spouses and their children. The rehabilitation work will consist of replacing the roof and HVAC system. These funds represent the total cost of the project. The City estimates the Center will provide services to 50 persons per week, with an anticipated total of 250 persons for the term of the grant.
 - **Example 2:** The County of XYZ will use \$500,000 of CDBG funds to construct a health and social services center for the unincorporated community of "No Money". A private individual is donating the land. The facility will be 3,600 sq. ft. (100%) in total. Of this, 1,000 sq. ft. (27.8%) will be used by the County Mental Health Department to provide services to migrant farmworkers who are all Targeted Income Group (TIG). Another 1,000 sq. ft. (27.8%) will be used to provide job training for Temporary Assistance for Needy Families (TANF) recipients (100 percent TIG). The remaining 1,600 sq. ft. (44.4%) will be used to provide a drug and alcohol abuse counseling and diversion program to primarily TIG clients.

7. Who will be the Activity Administrator?

For this specific activity, who will be in charge of administering the project? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

PUBLIC FACILITIES - Instructions

8. **What are some of the Milestones associated with this project?**
Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT

1. **Service Area:**

Will the proposed public service(s) provided at the facility benefit the entire jurisdiction, or will the public service(s) primarily benefit a Targeted Area within the Jurisdiction?

- List the Census Tract(s) and Block Group(s) for the service area.
- A map must be provided showing the exact boundaries of the area being served.
- Mark the project on the map, as well as any neighboring, similar, public facilities, any physical boundaries, etc.

Please provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s)

2. **Beneficiaries:**

What types of people will benefit from this public service?

3. **Number of people who will benefit:**

Under each column, identify the proposed number of people who will benefit by each specific income group.

C. NEED FOR ACTIVITY:

Refer to Appendix A of NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

1. **Public Facility need documentation:**

If more than one public service will be conducted at the proposed facility, the applicant must complete one set of activity "NEED" forms for each proposed service in this application.

- a) If the applicant is also requesting CDBG public service funding, the NEED forms from that activity will suffice as documentation and do not need to be duplicated here.
- b) If the applicant is not requesting CDBG public service funding within this application, answer questions 2 – 5 and complete the Public Services Needs Documentation Matrix.

PUBLIC FACILITIES - Instructions

2. **What level of service is needed?**
3. **How was the need determined?**
4. **Availability of similar services.**
Note if similar services are available elsewhere in the jurisdiction and complete the related items.
5. **Problem if the service is not provided, continued, or expanded.**
6. **Describe the need for the acquisition, construction or rehabilitation of the facility.**
7. **How will DRI/CDBG funding solve the problem?**
8. **Supporting Documentation:**
 - The Department will assess the relative need for the activity based on documentation demonstrating that: a serious problem exists; there is an unmet demand or need, and the extent to which the service would solve the problem.
 - Use the following “Public Services Need Documentation Matrix” to:
 - document the severity of the problem;
 - document the extent to which the service would solve the problem; and
 - provide additional supporting documentation.
 - Identify documentation pertaining to one of the three need criteria and identify how they quantify the problem:

The most competitive applications will address a serious threat to the health, safety or well-being of the proposed beneficiaries. Applications with quantitative documentation of the problem may be more competitive. Such documentation could include, but not be limited to, waiting list information and data from government agencies. In the event of a tie-breaker, the Department will assign points based on the relative severity of problems among all applications.

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

PUBLIC FACILITIES - Instructions

1. **Activity Administrator:**

How will this activity be administered? *(Check all that apply.)*

- **In-house:**
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- **Subrecipient:**
 - Provide a draft or executed subrecipient agreement.
- **Procured:**
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. **Site Control:**

Check the appropriate box(es), submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

PUBLIC FACILITIES - Instructions

5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Public Facilities – All Funding Sources chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

PUBLIC FACILITIES - Forms

PUBLIC FACILITIES TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Facility Forms (all pgs)	Select		
Sources and Uses Form	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
NEED			
Current Level of Service	Select		
Proposed Beneficiaries	Select		
Existing Beneficiaries	Select		
Unmet Demand	Select		
Availability of Similar Services	Select		
Description – Service Not Provided	Select		
Description - Service Will Solve Need	Select		
Need Documentation	Chart		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Statutory Worksheet	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice ()	Select		
Ready to Sign RROF	Select		
Program Income Reuse Plan	Select	Select	
Anti-Displacement/Relocation Plan	Select		
Site Control	Select	Select	
Project Timeline	Select		
Use Limitation Agreement	Select	Select	
Architect/Engineer	Select	Select	
Plans and Specs	Select	Select	
Bid Package	Select	Select	
Local Approvals	Select	Select	
Cost Estimate	Select	Select	
Other Readiness:			

PUBLIC FACILITIES - Forms

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$ _____ = \$ _____ + \$ _____
 Total \$\$ Requested for this Activity = (Activity \$\$) +(Activity Delivery \$\$)

2. How will the requested DRI/CDBG funds be used?

a. Type of Project. *Select all that apply.*

	w/DRI/CDBG funding	w/other funding
<input type="checkbox"/> Acquisition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Construction	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe): _____		

b. Type of Public Facility. *Select only one.*

- Senior Center (03A)
- Centers for the Disabled/Handicapped (03B)
- Homeless Facility - not operating costs (03C)
- Youth Center/Facility (03D)
- Neighborhood Facilities (03E)
- Parks, Recreational Facilities (03F)
- Parking Facilities (03G)
- Solid Waste Disposal Facilities (03H)
- Flood and Drainage Facilities (03I)
- Other (specify): _____

3. How many Public Services will be provided at this facility?

One Public Service: List: _____

More than one Public Service: List all: _____

*If more than one Public Service will be conducted within the proposed facility, the applicant **must** complete one set of activity “NEED” forms (Section B) for **each** proposed service.*

Public Service Activity(ies), as noted above, and other non-public service activities. Explain: _____

PUBLIC FACILITIES - Forms

4. What type of Public Service will be provided at this facility?

Check all that apply.

- | | |
|----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Senior Services (05A) | <input type="checkbox"/> Tenant/Landlord Counseling (05K) |
| <input type="checkbox"/> Services for the Disabled (05B) | <input type="checkbox"/> Child Care Services (05L) |
| <input type="checkbox"/> Legal Services (05C) | <input type="checkbox"/> Health Services (05M) |
| <input type="checkbox"/> Youth Service (05D) | <input type="checkbox"/> Abused & Neglected Children (05N) |
| <input type="checkbox"/> Transportation Services (05E) | <input type="checkbox"/> Mental Health Services (05O) |
| <input type="checkbox"/> Substance Abuse Services (05F) | <input type="checkbox"/> Screening for Lead (05P) |
| <input type="checkbox"/> Battered & Abused Spouses (05G) | <input type="checkbox"/> Subsistence Payments (05Q) |
| <input type="checkbox"/> Employment Training (05H) | <input type="checkbox"/> Security Deposits (05T) |
| <input type="checkbox"/> Crime Awareness (05I) | <input type="checkbox"/> Homeless/AIDS Programs (03T) |
| <input type="checkbox"/> Fair Housing (05J) | <input type="checkbox"/> Other Public Services (05) |

(Specify): _____

5. Where will this public facility be located?

Does the Applicant currently have site control?

- Yes
 No

Supporting Documentation on page(s): _____

6. Description of Project: *(See instructions. Include description of structure and type of rehabilitation or construction proposed)*

7. Who will be the Activity Administrator? *Check all that apply.*

- Jurisdiction (Applicant)
 Consultant/Contractor (For-Profit entity)
 Non-Profit as Subrecipient
 CHDO (Recognized Community Housing Development Organization)
 Another unit of local government
 Another public agency
 Non-Profit's not acting as Subrecipient
 Faith-based organization
 Institution of higher education

Name of all agencies/organizations indicated above:

- a) _____
b) _____
c) _____
d) _____

PUBLIC FACILITIES - Forms

8. Proposed Timeline/Schedule/Milestones:

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. BENEFIT

1. Service Area: (Check only one.)

- Entire Jurisdiction
- Target Area(s):

- TIG benefit for a target area **must** contain information/ documentation as to how only those within the Target Area will benefit from the activity. Page(s): _____

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract					
Block Group(s)					

2. Beneficiaries (people):

- Income Restricted (100 percent TIG). Documentation on Page: _____
- Limited Clientele (List type): _____ Documentation on Page: _____
- Primarily TIG (List % of total): _____
 - Based on HUD Low/Mod charts. Charts on Page: _____
 - Based on Income Survey. Survey results on page(s)_____

(This applies to services open to all residents in the service area, where at least 51% of the residents are TIG)

PUBLIC FACILITIES - Forms

3. Number of people who will benefit:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People

C. NEED FOR ACTIVITY:

If more than one public service will be conducted at the proposed facility, the applicant must complete one set of activity "NEED" forms for each proposed service.

1. Is the applicant also requesting DRI/CDBG funding for the proposed public service(s) at this facility?

- Yes No

2. What level of service needed?

- A new service.
Supporting Documentation on page(s): _____
- An existing service to be continued, but for which funding has been or will be decreased.
- Currently funded by: _____
 - Describe current financial situation: _____
 - Page(s) current financial statement located in application: _____
 - Date all existing funding will end: _____
- Supporting Documentation on page(s):** _____
- An existing service to be increased.
- Currently funded by: _____
 - Describe current financial situation: _____
 - Anticipated increase in service: _____ %
 - Page(s) current financial statement located in application: _____
 - Page(s) where quantification documentation is included: _____
- Supporting Documentation on page(s):** _____

PUBLIC FACILITIES - Forms

3. How was the need for this Activity determined?

- Need survey of **proposed** Beneficiaries
 - Proposed to serve: _____ (#)
Per: Day Week Month
 - Supporting Documentation on page(s): _____**

- Need survey of **existing** Beneficiaries
 - Currently serve: _____ (#)
Per: Day Week Month
 - Supporting Documentation on page(s): _____**

- Unmet demand
 - People on a waiting list: _____ (#)
Per: Day Week Month
 - People turned away: _____ (#)
Per: Day Week Month
 - Other (*describe*): _____
 - Supporting Documentation on page(s): _____**

4. Are there similar services currently being provided within the community?

- No. *If no, skip to next question.*
- Yes.
 - If yes, where are they being provided? _____
Include a map with the location(s) of similar services.
 - Supporting Documentation on page(s): _____**

 - If yes, are there any special impediments for TIG households to access the existing services?
 - No. *If no, skip to next question..*
 - Yes.
 - If yes, what are the impediments? *Check all that apply and describe each one.*
 - Transportation: _____
 - ADA access: _____
 - Other: _____
 - Supporting Documentation on page(s): _____**

5. Describe the problem if is this service is not provided, continued or expanded. _____

6. Describe the need for the acquisition, construction or rehabilitation of the facility. _____

7. Explain how and to what extent the proposed activity will solve the problem.

PUBLIC FACILITIES - Forms

8. Additional supporting documentation for this specific Public Facility.

- Letters from Non-Profit Organization(s)
Supporting Documentation on page(s): _____
- News articles regarding the need for the facility and/or service(s) therein.
Supporting Documentation on page(s): _____
- Third-party letters describing the direct **health and safety** impact.
Supporting Documentation on page(s): _____
- Documentation to support the need(s) must be less than 5 years old.
- Note the page numbers, in this application, where documentation can be found.

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the Public Services.

PUBLIC FACILITIES - Forms

NEED DOCUMENTATION MATRIX

**Click on the box, drop-down menu or text box to enter information.*

Source	Type of Documentation	Quantification	Page # (in app.)
DOCUMENTATION SUPPORTING SEVERITY OF PROBLEM ADDRESSED			
Select	Select	Select	
DOCUMENTATION OF THE EXTENT TO WHICH THE PROPOSED SERVICE(S) WOULD SOLVE THE PROBLEM			
Select	Select	Select	
ADDITIONAL THIRD PARTY SUPPORTING DOCUMENTATION			
Select	Select	Select	

PUBLIC FACILITIES - Forms

D. READINESS:

1. Activity Administrator:

If funded, how will this activity be administered?

In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

Subrecipient Agreement:
 Draft Executed Other: _____
 Term of the agreement: _____

Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
 Per Small Purchase Authority
 By Competitive Proposal
 By Non-Competitive/Sole-Source
Department approval documentation, pages: _____
 Term of the agreement: _____

Combination of the above. Describe: _____

2. Environmental Review: (Check all applicable.)

- Environmental Finding Form (EFF)
- Form 58.6
- Statutory Worksheet
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice ()
- Ready to Sign Request for Release of Funds (RROF)

3. Site Control:

- | Draft | Executed | |
|--------------------------|--------------------------|-----------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List
_____ |

PUBLIC FACILITIES - Forms

4. Other Readiness Documentation Provided:

- Sources and Uses Form
- Program Income Reuse Plan
- Anti-displacement and Relocation Plan
- Project Timeline
- Use Limitation Agreement
- Architect/Engineer
- Plans and Specs
- Bid Package
- Local Approvals (Use Permit or Zoning)
- Cost Estimate from Engineer/Architect
- Draft Use Limitation Agreement
- Other: _____

PUBLIC FACILITIES - Forms

PUBLIC FACILITIES– ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			Totals:
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	
<u>General Admin (GA)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
<u>Activity Delivery (AD)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PUBLIC IMPROVEMENTS - Instructions

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to NOFA for additional information on eligible and ineligible activities<<

1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. **What type of Public Improvement is being proposed?**

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

3. **Location of site(s) where activity will occur.**

Indicate the specific location where the activity will occur. Check the appropriate box if the jurisdiction has site control of the location and provide documentation under the Readiness section. Also provide a map indicating the location of the project.

4. **Description of activity.**

- Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on an urgent health and safety need.
- Please describe the entire project and how the CDBG-funded portion fits into the project.
- Remember that the completion of construction and use of the services by the beneficiaries must occur by the CDBG contract expiration date.

PUBLIC IMPROVEMENTS - Instructions

5. Who will carry out this activity?

For this specific activity, who will be in charge of administering the project? If it will be a combination, check all appropriate boxes and list name(s), as indicated.

6. What are the Milestones associated with this activity?

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT:

1. Service Area.

Will the proposed Activity benefit the entire Jurisdiction, or will the Public Services primarily benefit a Targeted Area of the Jurisdiction?

- For a Target Area, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target Areas, a map must be provided showing the exact boundaries of the area being served.

Please provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s)

2. Beneficiaries.

Who will benefit from this activity?

3. Number of beneficiaries.

Under each column, identify the proposed number of people who will benefit by each specific income group.

C. NEED FOR ACTIVITY:

Refer to Appendix A of NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

1. Describe the need(s) this activity will address.

2. How was the need determined? Check the boxes that best describe how the need is documented. The most competitive applications may include documentation such as:

- Cease-and-Desist or Boil Water orders;
- Third-party regulatory agencies;
- Letters or documentation listing non-compliance issues;

PUBLIC IMPROVEMENTS - Instructions

- Survey(s) of intended beneficiaries regarding their unmet public improvement needs and the impacts of not having the facility or service.

3. **How will CDBG funds eliminate/improve the problem?**

Give specific examples of how the proposed project will eliminate/improve the problem.

4. **Financial systems to operate and maintain the improvement.**

Give a detailed description of how the infrastructure improvement(s) will be maintained and what local source of funds will pay for the maintenance.

- **Example:** The City has established a rate system and reserve fund plan that was approved by the Department of Health Services which provides for on-going operations and maintenance costs plus reserves for system replacement as the useful life of different components expires.

5. **Additional supporting documentation.**

Third-party documentation is very helpful in creating a successful public improvement application. The applicant should obtain as many Third-party letters and documentation as possible. The letters/documentation should describe and discuss the proposed activity. The best letters/documentation will also “quantify” the problem by including specifics, such as restricted flows, supply deficiencies or water quality problems.

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the specific Public Improvements that are proposed.

Contact your jurisdiction’s CDBG representative with questions or clarifications about documentation that can be used for this section.

D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. **Activity Administrator.**

How will this activity be administered? (*Check all that apply.*)

- In-house:
 - Include supporting documentation to show grantee staff experience.

PUBLIC IMPROVEMENTS - Instructions

- **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
 - **Subrecipient:**
 - Provide a draft or executed subrecipient agreement.
 - **Procured:**
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
 - If a combination will be used, describe and provide the documentation used as noted above.
- 2. Environmental Review.**
Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.
http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf
- 3. Site Control:**
Check the appropriate box(es), submit the documentation required.
- 4. Other Readiness Documentation.**
Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents. For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.
- 5. Sources and Uses Chart.**
For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Public Improvement – All Funding Sources chart:
- Under “Uses”, identify cost categories applicable to the proposed activity.
 - Examples include acquisition, plans and specs, fees, construction and other related costs.
 - Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
 - Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

PUBLIC IMPROVEMENTS - Forms

PUBLIC IMPROVEMENTS TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Improvement Forms (all pages)	Select		
Activity Sources and Uses	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
NEED			
Regulatory Agency Order(s)	Select		
Regulatory Agency Order(s)	Select		
Enforcement Agency Letter	Select		
On Waiting List for Other Funding	Select		
Study Documentation	Select		
Supplemental Information (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Statutory Worksheet	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice (NOI/RROF)	Select		
Ready to Sign (RROF)	Select		
Site Control	Select	Select	
All Financing in Place	Select		
Timeline	Select		
Cost Estimate	Select	Select	
Plans and Specifications	Select		
Bid Package	Select		
Contractor List	Select		
Local Approvals	Select	Select	
Other Readiness	Select		

PUBLIC IMPROVEMENTS - Forms

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$ _____ = \$ _____ + \$ _____

Total \$\$ Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. How will the requested DRI/CDBG funds be used?

a) Type of Project:

- Water/Sewer Improvements (03J)
- Street Improvements (03K)
- Sidewalks (03L)
- Street/Road Improvements
- Payment of Eligible Assessments for Public Improvements
- Other (describe): _____

b) Is acquisition of Real Property included in this Activity?

- Yes No

3. Location of sites(s) where activity will occur:

Does the Applicant currently have site control?

- Yes No

4. Describe the Activity: (See instructions.)

5. Who will be the Activity Administrator? (Check all that apply.)

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profit's not acting as Subrecipients
- Faith-based organization
- Institution of higher education

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

PUBLIC IMPROVEMENTS - Forms

6. Proposed Timeline/Schedule/Milestones:

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. BENEFIT:

1. Service Area: (Check only one.)

- Entire Jurisdiction
- Target Area(s)

- TIG benefit for a specific area **must** contain information/ documentation as to how only those within the Target Area will benefit from the activity. Page(s): _____

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract					
_____	_____	_____	_____	_____	_____
Block Group(s)					
_____	_____	_____	_____	_____	_____

2. Beneficiaries (people):

- Income Restricted (100 percent TIG) for Payment of Assessments only.
 - Primarily TIG (List % of total): _____
 - Based on HUD Low/Mod charts
 - Based on Income Survey.
- Methodology and results on page(s) _____

PUBLIC IMPROVEMENTS - Forms

3. Number of people who will benefit:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People
_____	_____	_____	_____	_____

C. NEED FOR ACTIVITY:

1. Describe the need(s) this activity will address:

2. How was the need for this activity determined?

Documentation

Page(s):

Damage/Destruction from 2008 Wildfire

Cease and Desist Order

Letter from Enforcement Agency

Letter from other Funding Agency re: eligibility status

Study documenting problem; proposed solution

Other: _____

3. Describe how and to what extent DRI/CDBG funding will eliminate/improve the problem.

4. Describe the financial systems that will ensure long-term operation and maintenance if this improvement is funded.

5. Additional supporting documentation for this *specific* activity.

- News articles regarding the need for the service.
- Third-party letters describing the direct **health and safety** impact.
- Documentation to support the need(s) must be less than 5 years old.
- Note the page numbers, in this application, where documentation can be found.

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the specific Public Improvements that are proposed.

PUBLIC IMPROVEMENTS - Forms

	Source (Agency, other)	Description of Documentation:	Date of Doc.	Application Page #
1.				
2.				
3.				
4.				
5.				
6.				

D. READINESS:

1. **Activity Administrator:**

If funded, how will this activity be administered?

- In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

- Subrecipient Agreement:
 - Draft Executed Other: _____
 - Term of the agreement: _____

- Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
 - Per Small Purchase Authority
 - By Competitive Proposal
 - By Non-Competitive/Sole-Source
 - Department approval documentation, pages: _____
 - Term of the agreement: _____

- Combination of the above. Describe: _____

2. **Environmental Review (check all applicable):**

- Environmental Finding Form (EFF)
- Form 58.6
- Statutory Worksheet
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice ()
- Ready to Sign Request for Release of Funds (RROF)

PUBLIC IMPROVEMENTS - Forms

3. Site Control (Projects only):

Draft	Executed	
<input type="checkbox"/>	<input type="checkbox"/>	City/County owned site
<input type="checkbox"/>	<input type="checkbox"/>	Purchase Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Option to Purchase
<input type="checkbox"/>	<input type="checkbox"/>	Option to Lease
<input type="checkbox"/>	<input type="checkbox"/>	Leasehold Interest
<input type="checkbox"/>	<input type="checkbox"/>	Deed of Trust
<input type="checkbox"/>	<input type="checkbox"/>	Other documentation of Site Control – List

4. Other Readiness Documentation Provided:

<input type="checkbox"/> Plans and Specification	<input type="checkbox"/> Bid Package
<input type="checkbox"/> Sources and Uses Form	<input type="checkbox"/> Contractor List
<input type="checkbox"/> Financing	<input type="checkbox"/> Local Approvals
<input type="checkbox"/> Timeline	
<input type="checkbox"/> Cost Estimate	
<input type="checkbox"/> Other: _____	

PUBLIC IMPROVEMENTS - Forms

PUBLIC IMPROVEMENTS – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
<u>General Admin (GA)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
<u>Activity Delivery (AD)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		\$ _____

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Instructions

Offsite improvements are eligible under this activity only if they are a condition of approval for the housing project they support, and such condition is supported by documentation.

If such condition of approval was not imposed, then the improvement must be applied for under Public Improvements.

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to NOFA for additional information on eligible and ineligible activities<<

1. How much is being requested for this activity?

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

- Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. What type of Public Improvement is being proposed?

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

3. Location of site(s) where activity will occur.

Indicate the specific location where the activity will occur. Check the appropriate box if the jurisdiction has site control of the location and provide documentation under the Readiness section.

4. Description of Activity.

- Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Specify if the improvements will be on-site or off-site.
- Please describe the entire project, including the housing project, and how the CDBG-funded portion fits into the project.

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Instructions**

- Include drawings/plans/maps that depict the location of improvements and the elements that they are comprised of; such as landscaping, curbs, sidewalks, etc.
- Remember that the completion of the housing project construction and occupancy by the beneficiaries must occur by the CDBG contract expiration date.

5. Who will carry out this activity?

For this specific activity, who will be in charge of administering the project. If it will be a combination, check all appropriate boxes and list name(s), as indicated.

6. What are the Milestones associated with this activity?

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT:

1. Service Area.

Will the proposed Activity benefit the entire Jurisdiction, or will the Public Services primarily benefit a Targeted Area of the Jurisdiction?

- For a Target Area, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target Areas, a map must be provided showing the exact boundaries of the area being served.

Please provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s)

2. Types of Beneficiaries.

Who will benefit from this activity?

3. Number of Beneficiaries.

Under each column, identify the proposed number of people who will benefit by each specific income group.

C. NEED FOR ACTIVITY:

Refer to Appendix A of NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Instructions

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. **Activity Administrator.**

How will this activity be administered? (*Check all that apply.*)

- In-house:
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review.**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. **Site Control.**

Check the appropriate box(es), and submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Instructions

4. Other Readiness Documentation.

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

5. Sources and Uses Chart.

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the PIHNC - All Funding Sources chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

PIHNC TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
PIHNC Forms (all pages)	Select		
Activity Sources and Uses	Select		
Conditions of Approval Documentation	REQUIRED		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
NEED			
On Waiting List for Other Funding	Select		
Supplemental Information (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Statutory Worksheet	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice (NOI/RROF)	Select		
Ready to Sign (RROF)	Select		
Site Control	Select	Select	
All Financing in Place	Select		
Project Timeline	Select		
Cost Estimate	Select		
Local Approvals	Select	Select	
Sources and Uses Form	Select		
Plans and Specifications	Select		
Bid Package	Select		
Other:	Select		

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$ _____ = \$ _____ + \$ _____

Total \$\$ Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. How will the requested CDBG funds be used?

a) Type of Project:

- Water/Sewer Improvements (03J)
- Street Improvements (03K)
- Sidewalks (03L)
- Tree Planting (03N)
- Payment of Eligible Assessments for Public Improvements
- Other (describe): _____

b) What type of improvements?

- On-site Improvements Off-Site Improvements

c) Is acquisition of Real Property included in this Activity?

- Yes No

3. Location of sites(s) where activity will occur:

Does the Applicant have site control?

- Yes No

4. Describe the Activity: (See instructions.)

5. Who will be the Activity Administrator? (Check all that apply.)

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Recognized Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profits not acting as Subrecipients
- Faith-based organization
- Institution of higher education

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

6. Proposed Timeline/Schedule/Milestones:

Indicate significant milestone accomplishments and the proposed date of completion. If awarded funds, these milestones will be included in the contract language as expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. BENEFIT:

1. Service Area: (Check only one.)

- Entire Jurisdiction
- Target Area(s)

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract					
_____	_____	_____	_____	_____	_____
Block Group(s)					
_____	_____	_____	_____	_____	_____

2. Beneficiaries (people):

- Income Restricted (100 percent TIG) for Payment of Assessments only.
- Primarily TIG (List % of total): _____
 - Based on HUD Low/Mod charts on Page _____
 - Based on Income Survey.
Survey methodology and results on page(s) _____

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

3. Number of people who will benefit:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People
_____	_____	_____	_____	_____

C. NEED FOR NEW UNITS:

Refer to Appendix A of NOFA for a list of typical activities and a description of how to document need for the activity. All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

1. Supporting Need Documentation:

- Waiting List. Page(s): _____
- Market Study. Page(s): _____
- Applicant has applied to another funding agency for all or a portion of this activity.
Name of agency: _____
Are you on the other agency's waiting list? **Yes** **No**

- Other (describe): _____ Page(s): _____

2. Supplemental Information:

Check if providing supplemental information for.

- Worsened Condition of Housing Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community?

c) List:

- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
- The time period that the documentation supports as worsened (e.g. Earthquake on 1/1/08; Fire from 3/13/08-5/17/08, etc.), **AND**
- The page numbers, in this application, where documentation can be found.

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

	Source (Agency, other)	Description of Documentation:	Date of Doc.	Application Page #
1.				
2.				
3.				
4.				
5.				
6.				

D. READINESS:

1. Activity Administrator:

If funded, how will this activity be administered?

In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

Subrecipient Agreement:
 Draft Executed Other: _____
 Term of the agreement: _____

Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
 Per Small Purchase Authority
 By Competitive Proposal
 By Non-Competitive/Sole-Source
 Department approval documentation, pages: _____
 Term of the agreement: _____

Combination of the above. Describe: _____

2. Environmental Review: (Check all applicable.)

- Environmental Finding Form (EFF)
- Form 58.6
- Statutory Worksheet
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice ()
- Ready to Sign Request for Release of Funds (RROF)

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW
CONSTRUCTION (PIHNC) - Forms**

3. Site Control (projects only):

- | Draft | Executed | |
|--------------------------|--------------------------|--------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

4. Other Readiness Documentation Provided:

- | | | | |
|--------------------------|-----------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Sources and Uses Form | <input type="checkbox"/> | Architect/Engineer |
| <input type="checkbox"/> | Bid Package | <input type="checkbox"/> | Plans and Specifications |
| <input type="checkbox"/> | Cost Estimate | <input type="checkbox"/> | Permits |
| <input type="checkbox"/> | Contractor List | <input type="checkbox"/> | Other: _____ |

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

PIHNC – ALL FUNDING SOURCES

USES	SOURCES							
	STATE OR FEDERAL				LEVERAGE			Totals:
	State DRI/CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	
<u>General Admin. (GA)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
<u>Activity Delivery (AD)</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____

HOUSING NEW CONSTRUCTION – Instructions Only

CDBG funds can be used for housing new construction, but only in very limited circumstances and the activity must be carried out by certain specific subrecipients.

Housing new construction must meet a national objective -- benefiting low and moderate income persons, eliminating conditions of slums or blight, or meeting a particularly urgent community development need.

Important Note: Because this activity is very unique, if an applicant is considering applying for a housing new construction activity, please contact a CDBG Representative for further application instructions.

What circumstances allow housing new construction?

- As allowed under special HUD waiver for 2008 Disaster Recovery initiative as listed in Federal Register / Vol. 74, No. 29 / Friday, February 13, 2009
- As “last resort” housing for a displaced person/household (not common) Under 24 CFR Part 42, Subpart I, grantees may construct housing of last resort. Grantees are limited to constructing housing for displacees of a CDBG project, subject to the Uniform Act, when the project is prevented from proceeding because comparable replacement housing is not available otherwise [Section 570.207(b)(3)(i)].
- As part of a neighborhood revitalization project (not common) An eligible subrecipient must be undertaking a neighborhood revitalization, community economic development, or energy conservation project with the CDBG funds. Also, the local jurisdiction must determine that the project is necessary or appropriate to achieve its community development objectives.

Neighborhood revitalization programs must be pre-approved by the Department and the status of the CBDO reviewed.

- Who is an eligible subrecipient? The regulations at section 570.204(a) allow for certain "eligible subrecipients" to receive CDBG funds for constructing housing. The eligible subrecipients are described in section 570.204(c) as neighborhood-based nonprofit organizations (NBOs), section 301(d) Small Business Investment Companies (SBICs), and local development corporations (LDCs).
- To receive funding, eligible subrecipients must carry out the project in name and in deed. Although inexperienced eligible subrecipients may need technical assistance from the local jurisdiction, the eligible subrecipient must actually be implementing the activity.

Note: Except as provided for above, grantees are prohibited under section 570.207(b)(3) from constructing new housing using CDBG funds.

ECONOMIC DEVELOPMENT ACTIVITIES - Instructions

Eligible jurisdictions may apply for Economic Development (ED) Programs (Business or Microenterprise Assistance) or Projects. If applying for a program, complete the forms in this section with the heading “Economic Development Program - Forms”.

Applicants considering an application for an ED project should contact their CDBG ED Representative for assistance in determining project eligibility and ensuring that HUD underwriting requirements can be met. The application process for an ED project will be similar to the process in place for the Over-the-Counter Component of the State’s CDBG Economic Development program. After contacting the CDBG ED Representative, if it is determined that the project is eligible and HUD requirements can be met, then applicants can complete the forms with the heading “Economic Development Project - Forms”. ED Project applicants will be required to submit complete underwriting documentation.

In addition to completing and submitting all applicable general application forms, **please develop and submit a separate Economic Development Application Summary to include the following information** when submitting an application for a CDBG/DRI eligible ED activity:

A. ECONOMIC DEVELOPMENT APPLICATION SUMMARY:

1. How much is being requested for this activity?

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. What type of Economic Development Activity is being proposed? For more in-depth descriptions of CDBG eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

- Applicants applying for more than one activity **must** separate the requested dollar amounts for each type of activity and provide separate information, forms and documentation for each.

3. If applying for a project, indicate the proposed location.

4. Description of activity:

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for economic recovery and revitalization activities should be based on the extent of damage, loss or destruction stemming from 2008 wild fire disaster(s). Please provide documentation that the economic loss or damage was a direct result of the 2008 wild fire disasters.

ECONOMIC DEVELOPMENT ACTIVITIES - Instructions

5. Who will carry out this activity?

For this specific activity, who will be in charge of administering the program/project? If it will be a combination, please provide complete information for all administrators.

6. What are the Milestones associated with this activity? (projects only)

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT:

1. Service Area – Programs Only:

Is the proposed Program going to be a Jurisdiction-wide Program, or will the Program be limited to a Targeted Area benefit?

All Applicants:

- List the Census Tract(s) and Block Group(s) for the proposed area.
- If proposing activities in a target area, a local survey of the target area is acceptable if the data is less than five years old, and is supported by documentation.
- A map must be provided showing the exact Census Tract(s) and/or Block Group(s) being served.

2. Loans vs. Grants:

Indicate the proposed number of loans and the proposed number of grants the jurisdiction anticipates for this activity.

C. NEED FOR ACTIVITY:

All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. Activity Administrator:

How will this activity be administered? *(Include details of all that apply.)*

- In-house:
 - Include supporting documentation to show grantee staff experience.

ECONOMIC DEVELOPMENT ACTIVITIES - Instructions

- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. Environmental Review:

Submit all required environmental documentation. Refer to Appendix C and the Grant Management Manual (GMM) Chapter 3 for forms and instructions. http://www.hcd.ca.gov/fa/cdbq/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. Site Control:

Submit all required documentation. **Note:** Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. Other Readiness Documentation:

Submit additional readiness documentation using a separate summary

5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. **NOTE:** Applicants should use the Sources & Uses Form in the ED Pre-Application, Section G, titled *Project Financing*, to detail the sources and uses of all funding for the proposed ED project/program.

On the *Project Financing* Funding/Sources Chart:

- Sources and Uses: Complete a “Business Assistance Sources and Uses” for startup or expansion projects. Complete a “Developer or Incubator Project Sources and Uses” for a developer deal or incubator project. Complete an “Infrastructure Sources and Uses” for public infrastructure improvements to be made in support of a developer deal or business project.
- Under “Uses”, identify cost categories applicable to the proposed activity.
- Uses are separated into columns, including: Private Lender, Owner’s Equity, CDBG Requested, CDBG Program Income, Other (Specify), and Total.
- Include the appropriate resource documentation as needed.

ECONOMIC DEVELOPMENT ACTIVITIES - Forms

California Department of Housing and Community Development

Disaster Recovery Initiative (DRI) Economic Development Activity Application



1.a Applicant Information

Applicant Name: _____ DUNS # _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Check here if this is a Joint Application and complete an Application Summary for _____ each applicant.

1.b Authorized Representative Information (Per Resolution)

First Name: _____ Last Name: _____

Job Title: _____

Check if the address information is the same as above in 1.1, if not fill in _____ information below

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Ext.: _____ Fax: _____

E-mail: _____

1.c Applicant Contact Information

Check if the contact information is the same above in 1.b, if not fill in the _____ information below

First Name: _____ Last Name: _____

Name of Agency: _____ Job Title: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Ext.: _____ Fax: _____

E-mail: _____

ECONOMIC DEVELOPMENT PROGRAM - Forms

Please check the appropriate box for your proposed activity.

- BUSINESS ASSISTANCE ACTIVITY**
- MICROENTERPRISE ASSISTANCE ACTIVITY**

2. Requested Funding By Activity				
Activity	Activity Amount Requested (\$)	Activity Delivery Amount Requested (\$)	Result of CDBG PTA Grant?	Total Amount Requested (\$)
Business Assistance				
Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No PTA #	\$
Grants/Loans Supporting Infrastructure	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No PTA #	\$
Microenterprise Assistance				
Technical Assistance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No PTA #	\$
General Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No PTA #	\$
Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No PTA #	\$
Activity Totals	\$	\$		\$
General Administration (not to exceed two percent (2%))				\$
Total Amount Requested				\$

Notes:

* All leverage must be reflected on this chart. It is important to note that leverage is a commitment that is included by source and dollar amount in the grant agreement, and will held as a monitoring standard should the application be funded. The proposed leverage should be a realistic one that will be fully expended during the term of the grant.

Redevelopment funds must be in the Applicant's resolution to be count as leverage in this criterion.

ECONOMIC DEVELOPMENT PROGRAM - Forms

1. Identify sub-category of activity such as Loans under Business Assistance or Technical Assistance under Microenterprise Assistance.
2. Identify source of funding such as City, County, RDA, EDC, SBA, etc. State or Federal organizations are not eligible to be counted.
3. Identify the type of leverage such as cash, "in-kind", match funds.
4. Identify the Type of documentation such as Letter of Support, Resolution.
5. Identify amount of leverage either cash or in-kind cash equivalent. The amount of leverage must be documented in a resolution or letter.

3. Location Of Activities – U.S. Census		
Name of CDBG Activity	Is Activity Jurisdiction-Wide or Target Area <i>(check one below)</i>	Census Tract Numbers (all applications) and Block Group Numbers (for target area activities only). Attach a map showing the Target Area and Census Tract and Block Group information. Label this attachment as "Census Data Attachment" in Section 1 Application Summary Attachment, Census Data Attachment.
Business Assistance		
Business Loans	<input type="checkbox"/> Jurisdiction-Wide <input type="checkbox"/> Target Area	
Public Infrastructure	<input type="checkbox"/> Jurisdiction-Wide <input type="checkbox"/> Target Area	
Microenterprise Assistance		
Technical Assistance	<input type="checkbox"/> Jurisdiction-Wide <input type="checkbox"/> Target Area	
General Support	<input type="checkbox"/> Jurisdiction-Wide <input type="checkbox"/> Target Area	
Micro Business Loans	<input type="checkbox"/> Jurisdiction-Wide <input type="checkbox"/> Target Area	

ECONOMIC DEVELOPMENT PROGRAM - Forms

4. Proposed Activity(ies) And Beneficiaries

Activity	# of Business Expansions	# of Business Start-Ups	# Jobs Created/Retained	# TIG Jobs	# TIG Clients (ME)	# TIG Households	CDBG National Objective*
Business Assistance							
Business Loans							<input type="checkbox"/> Slums/Blight <input type="checkbox"/> TIG - Jobs
Supporting Infrastructure							<input type="checkbox"/> Slums/Blight <input type="checkbox"/> TIG - Jobs
Microenterprise Assistance							
Technical Assistance							<input type="checkbox"/> TIG - Clients
General Support							<input type="checkbox"/> TIG - Clients
Business Micro Loans							<input type="checkbox"/> TIG - Clients

* If TIG Jobs is checked then the number of jobs created/retained entered must comply with 51% TIG requirement.

5. Proposed Business Assistance Activity (S) National Objective

Enter the projected number of businesses to be assisted and jobs created/retained by the proposed activity. Indicate N/A above if application is not proposing business assistance activity.

1. Not Applicable

Activity	# of Businesses Assisted	# of Jobs Created/retained	# of TIG Jobs*
Business Assistance: Business Loans and Infrastructure Grants			

* If TIG Jobs is checked then the number of jobs created/retained entered must comply with 51% TIG requirement.

ECONOMIC DEVELOPMENT PROGRAM - Forms

6. Proposed Business Assistance Activity (S) Public Benefit

Enter the amount of CDBG funding, the projected total number of jobs created/retained, and the projected cost per job. Check N/A above if application is not proposing business assistance activity.

Not Applicable

Activity	Amount of CDBG Funds	# of Jobs Created/Retained	Cost per Job Created/Retained
	a	b	a/b
Business Assistance: Business Loans and Infrastructure Grants			

7. Proposed Microenterprise Assistance Activity (S) Projected Beneficiaries

Enter the amount of CDBG funding, the projected number of microenterprise Targeted Income Group (TIG) clients to be served, the projected number of business startups, and the projected number of businesses expanded. Check N/A if the application is not proposing Microenterprise Assistance activities.

Not Applicable

Activity	Amount of CDBG Funds	# of TIG Clients Served	# of Business Start-ups	# of Businesses Expanded
Microenterprise Assistance – TIG				

ECONOMIC DEVELOPMENT PROGRAM - Forms

8. Other Projected Microenterprise Performance Indicators

Other Projected Microenterprise Assistance Performance Indicators: Enter the projected units of benefit related to other applicable performance indicators. Check N/A if application is not proposing Microenterprise Assistance activities.

1. Not Applicable

Projected Benefits	# of Beneficiaries
Clients entering Program	
Clients receiving technical assistance and business support	
Clients completing Program	
Clients receiving General Support	
Business start-ups	
CDBG loans to microenterprises	
Business expansions	
Non-CDBG loans to microenterprises	

9. Target Populations

Check all target populations that will be served by CDBG funds.

<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Seniors
<input type="checkbox"/> Persons with AIDS	<input type="checkbox"/> Mentally Ill
<input type="checkbox"/> Youths	<input type="checkbox"/> Veterans
<input type="checkbox"/> Single Adults	<input type="checkbox"/> Victims of Domestic Violence
<input type="checkbox"/> Single Men	<input type="checkbox"/> Substance Abusers
<input type="checkbox"/> Single Women	<input type="checkbox"/> Dually-Diagnosed
<input type="checkbox"/> Families	<input type="checkbox"/> Homeless
<input type="checkbox"/> Farm worker	<input type="checkbox"/> Other (specify):

ECONOMIC DEVELOPMENT PROGRAM - Forms

10. Maps

If the application is proposing targeted activities, please submit the following maps. Enter "No" if proposed activity is jurisdiction wide.

1. Yes, a location map is attached. Label the attachment as "*Location Map Attachment: Section 1-1.5*"
- No, the proposed activity is jurisdiction wide.

Note: A location map must include:

- a. The number and boundaries of census tract(s) or enumeration districts(s) within which CDBG funds will be spent;
- b. The general location of the proposed activities, including geographic; the boundaries of the target or service areas covered by each activity; and
- a. Attach census tape printouts showing income levels for targeted area.

2. Yes, an Ethnic/TIG Map is attached. Label the attachment as "*Ethnic/TIG Map/ Attachment: Section 1.5.*"
- No, the proposed activity is jurisdiction-wide.

Note: Based on the applicant's knowledge of the area and available data, the Ethnic/TIG Map should show:

- a. The location of concentrations of non-white persons and Hispanic persons within the entire city or county; and
- b. The location of concentrations of targeted income group families within the jurisdiction.

ECONOMIC DEVELOPMENT PROJECT - Forms

INSTRUCTIONS FOR OVER-THE-COUNTER ED PRE-APPLICATION FORM

(Pre-Application form for Economic Development Activities starts after these special instructions)

- A.1. Name of Applicant Jurisdiction** – The CDBG Economic Development Allocation entertains applications from eligible cities and counties only. Therefore, a city or county must be the applicant for funds. In limited cases where multiple jurisdictions are involved in a single application both should be listed as the applicant. A.3. asks for information about the developer or business on behalf of whom the eligible jurisdiction is applying.
- A.2. Staff Contact** – The staff contact is the individual with whom CDBG staff will be interfacing on a regular basis.
- A.3. Responsible Party:** Individual designated by Resolution with the authorization to execute agreements with HCD on behalf of the city or county.
- A.4. Other Project Participants** – This section provides additional information on all the various parties that will be involved in the project and/or in preparing the application.

Application to be Prepared by: Provide the name and phone number for the city or county staff person who will be preparing the application. If this task is being performed by the person identified in A.2. indicate (same as above). If this task is being performed by a consultant provide their name and phone number in this space.

Developer: If this is a development project, provide the requested information for the developer(s) that will be involved in developing the project. Typically, the developer is not the job creator, but will lease or build to suit for the business that is creating the jobs.

Business(es) responsible for job creation: Provide the requested information for the business or businesses that will be creating the jobs to make this an eligible CDBG project. In the case of a development project these businesses may be tenants that have signed leases or letters of intent to occupy space in the project.

- B.2. Public Benefit** – Jobs to be created refers to “net new” jobs. Net new jobs are full-time equivalents (FTE), which equate to 1750 hours per year, or aggregated part-time (875 hours per year) positions that are to be created as a result of (and after approval of) funding by the CDBG OTC allocation.

Retained jobs are existing, threatened FTE and aggregated (see above) positions that are retained due to the CDBG injection of funds. Retention does not apply to businesses that may be relocating their business operations and employees to another city or county within the United States. In certain circumstances retaining jobs that may be outsourced outside the United States may be eligible under this category. These positions must be documented with certification of the hours worked and position held by name and hire date of the individual who will be retained in that

ECONOMIC DEVELOPMENT PROJECT - Forms

position. The certification will indicate household income for applications that are meeting the 51 percent benefit to TIG national objective eligibility requirement. Should individual certifications fail to demonstrate that the 51 percent TIG benefit will be met by existing employees, the application must include a written agreement between the business and the grantee that any vacancies during the term of the grant will be filled by income eligible recipients until the 51 percent threshold of benefit has been documented.

C. TIG Employment Certification – Identify the organization and contact person responsible to coordinate the document the TIG certifications.

E.1. Type of Project – The type of project will encompass not only the activity that is funded by CDBG funds, but the entire scope of the work, which will be enabled by the injection of CDBG funds.

Example: CDBG funds are being requested to cover the cost of off-site infrastructure improvements so that a business can expand its operations through the lease of space in a building that is being constructed by a developer. The infrastructure improvements are required for the new construction to take place. The business will be creating the jobs. The developer will construct the building. The jurisdiction does not have funds to cover the cost of the off-site improvements and the cost of these improvements will not allow the developer to make a reasonable return on investment. Therefore, CDBG funds may be used to pay for the cost of the infrastructure improvements, but the entire project includes the development of the new commercial space as well as the infrastructure that made it possible to complete the project. This type of project will require underwriting of the developer and the business to insure that the new construction can be completed and the business will successfully expand to a size that can sustain the projected new jobs.

E.4. Broader Community/Economic Development Need – This section should give as much detail as is known at the time, including how this assistance will meet the broader community and economic development needs of the jurisdiction. Describe to what extent this project is in line with local strategic planning.

E.6. Return on Investment (ROI) – To the extent practicable, CDBG funds cannot be used in a project when the use of such funds unduly enriches a business or developer, i.e., providing an unreasonable increase in the return on investment for that specific type of business. Calculate and present the return on investment both with and without CDBG funds.

E.7. Status of Project Activities – Status of each item will reflect the maturity of the proposal. All project funds must be expended, work must be completed and jobs must be in place within the grant term. Please indicate to extent to which each of these boxed items has been resolved or will affect the timing of project completion.

ECONOMIC DEVELOPMENT PROJECT - Forms

F.1 Amount Requested from CDBG – List total amount requested from CDBG, including general administration and activity delivery funds. Grantees are limited to 7.5 percent of the total grant amount for General Administration expenses. See paragraph E under “Stage Two: Program Threshold Criteria,” for more information on threshold point impacts in regards to the amount of general administration selected. Grantees are allowed up to 8 percent of the Activity Budget (i.e., the application amount less the general administration amount) for Activity Delivery costs, not to exceed \$40,000 unless approved in advance by the Department.

G.1. The project financing sources and uses tables must include all costs, and all participating or yet to be determined sources of financing.

Business Project Sources and Uses – Owner’s equity refers to the amount of cash (or cash equivalent) contributed by the owners of the business for the proposed project. Equity contributed to the business prior to the application (e.g., land and equipment) may be included if it is considered a part of the proposed project. Non cash equity contributions should be explained.

APPLICATION FORM

This application, if approved for funding, will be a part of your grant agreement with the Department. In order to be considered for funding, all sections of this application (Section I through IV) and attachments must be complete and accurate. **DO NOT REVISE THIS FORM IN ANY MANNER UNLESS OTHERWISE NOTED ON THE APPLICATION FORM.** Refer to the Application and Program regulations (federal regulations are found at 24 CFR Part 570, Subpart I and State Regulations at Title 25, Subchapter 2, commencing with Section 7050) for additional information. If you have any questions about the application, or if you require technical assistance, please contact program staff for assistance.

ECONOMIC DEVELOPMENT PROJECT - Forms

PRE-APPLICATION

A. PRE-APPLICANT INFORMATION

1. Name of Applicant Jurisdiction: _____

2. Staff Contact:

Last:	First:	MI:
Title:		
Mailing Address:		
City:	State:	Zip:
Telephone #: ()	Fax #: ()	Email:

3. Name of Responsible Authority of Applicant Jurisdiction:

Name Title

4. Other Project Participants

Application to be prepared by: _____ Phone: _____

Developer (if applicable):

Company Name: _____ Contact Name: _____ Phone: _____

Business(es) responsible for job creation:

Company Name: _____ Contact Name: _____ Phone: _____

Company Name: _____ Contact Name: _____ Phone: _____

5. CDBG Economic Development Program Area Representative:

B. ELIGIBILITY COMPLIANCE

1. National Objective (All Projects)

<input type="checkbox"/> Low Income Household Job Creation	<input type="checkbox"/> Slums and Blight Eradication	<input type="checkbox"/> Urgent Need
------------------------------------------------------------	-------------------------------------------------------	--------------------------------------

2. Public Benefit (All Projects)

Number "Net New" Jobs Created: _____ Jobs to be Retained (documented): _____
CDBG Cost Per Job: \$ _____ Projected Targeted Income Group Jobs: _____%

3. Most recent annual Program Income Balance: \$ _____

ECONOMIC DEVELOPMENT PROJECT - Forms

PRE-APPLICATION

C. TIG EMPLOYMENT INCOME VERIFICATION

Agency Coordinating TIG Income Self Certification: _____

Contact Name/Title: _____ / _____ Phone: _____

Not required because business is located in RDA area.

D. PLANNING/TECHNICAL ASSISTANCE (P/TA) GRANTS

Is this application the result of a PTA grant? Yes No

If yes, please provide Grant # _____

E. PROJECT DESCRIPTION

1. Type of Project:

- Business Loan (e.g. FFE, Inv, real estate, construction)**
 - Expansion
 - Start-up
- Development Project (check appropriate boxes below)**
 - Private
 - single tenant
 - multi-tenant
 - Public
 - Industrial park
 - single tenant
 - Multi-tenant
 - Incubator (multi-tenant only)
- Infrastructure , in support of: (check appropriate boxes below)**
 - Business Start-up
 - Business Expansion
 - Development Project
 - Private
 - single tenant
 - multi-tenant
 - Public
 - Industrial park
 - single tenant
 - multi-tenant
 - Incubator (multi-tenant only)

2. If project is to support a specific business, indicate:

Date Business Established: ____ / ____ / ____

Type of Business

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership

3. Project Summary: Provide a brief summary of the Type of Project identified in #1 above. The summary must include a discussion of all public and private components and, specifically, the proposed use of CDBG funds (refer to Instructions, pages 2 & 3): _____

ECONOMIC DEVELOPMENT PROJECT - Forms

PRE-APPLICATION

4. Project Need: Provide a brief description of the broader community/economic development need of the area and how the proposed project will address this need:

5. Project Timeframes:

a. Projected Environmental Clearance Date: _____

b. Projected Construction Start Date:
 Off-site Infrastructure Improvements _____
 On-site Improvements including Structures _____

c. Projected Construction Completion Date:
 Off-site Infrastructure Improvements _____
 On-site Improvements including Structures _____

d. Job Creation:
 Projected Start Date: _____
 Total "net new" jobs at grant expiration _____
 Total "net new" jobs, one year past construction completion _____
 (for over-sized infrastructure – only when meeting the National
 Objective of benefit to the TIG)

6. Return on Investment

With CDBG Funds _____ %	Without CDBG Funds _____ %
-------------------------	----------------------------

7. Other information: Describe other information/issues that may affect project timelines and/or project feasibility:

Business Loan:

- Business Plan/Pro Forma Status:
- Other Funding Sources Status:
- Permits & Clearances Status:
- Market/Management Team Status:
- Property Appraisal Status:
- 3rd Party Cost Estimates Status:
- Davis-Bacon Status:
- Current Debt Schedule Status:
- Pending Litigation Status:
- History of Bankruptcy Status:

ECONOMIC DEVELOPMENT PROJECT - Forms

PRE-APPLICATION

Developer Project:

- Site control Status:
- Market Assessment Status:
- Business Plan/Pro Forma Status:
- Other Funding Sources Status:
- Permits & Clearances Status:
- Developer Track Record Status:
- Market/Management Team Status:
- Tenant Leases/Letters Status:
- Property Appraisal Status:
- 3rd Party Cost Estimates Status:
- Davis-Bacon Status:
- Pending Litigation Status:
- History of Bankruptcy Status:

Infrastructure Project: (specific to infrastructure projects in support of private development or business activity)

- 3rd Party Cost Estimates
On infrastructure only Status:
- Davis-Bacon
On infrastructure only Status:
- Permits & Clearances Status:
- Completed Business Project checklist
- Completed Developer Project checklist

Incubator Project:

- Market Feasibility Study Status:
- Business Plan/Pro Forma Status:
- Other Funding Sources Status:
- Permits & Clearances Status:
- Developer Track Record Status:
- Market/Management Team Status:
- Property Appraisal Status:
- 3rd Party Cost Estimates Status:
- Davis-Bacon Status:

ECONOMIC DEVELOPMENT PROJECT - Forms

PRE-APPLICATION

F. AMOUNT REQUESTED

Activity	Requested Amount
a. Business Loan Specify business	
b. Infrastructure Project Specify project	
c. Development Project Specify type:	
d. Activity Delivery	
e. General Administration	
Total Amount Requested from CDBG	

G. PROJECT FINANCING

1. Sources and Uses: Complete a "Business Assistance Sources and Uses" for startup or expansion projects. Complete a "Developer or Incubator Project Sources and Uses" for a developer deal or incubator project. Complete an "Infrastructure Sources and Uses" for public infrastructure improvements to be made in support of a developer deal or business project.

Business Assistance Project Sources and Uses

	Private Lender	Owner's Equity	CDBG Requested	CDBG Program Income	Other Specify	TOTAL
Acquisition: Land Building	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$
New Construction	\$	\$	\$	\$	\$	\$
On-site Improvements	\$	\$	\$	\$	\$	\$
Rehabilitation/TI's	\$	\$	\$	\$	\$	\$
Machinery/Equipment	\$	\$	\$	\$	\$	\$
Working Capital	\$	\$	\$	\$	\$	\$
Inventory	\$	\$	\$	\$	\$	\$
Debt Retirement	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total Funds:	\$	\$	\$	\$	\$	\$

ECONOMIC DEVELOPMENT PROJECT - Forms

PRE-APPLICATION

Developer or Incubator Project Sources and Uses

	Private Lender	Developer Equity	CDBG Requested	CDBG Program Income	Other Specify	TOTAL
Acquisition: Land Building	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$
New Construction	\$	\$	\$	\$	\$	\$
On-site Improvements	\$	\$	\$	\$	\$	\$
Rehabilitation/TI's	\$	\$	\$	\$	\$	\$
Machinery/Equipment	\$	\$	\$	\$	\$	\$
Debt Retirement	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total Funds:	\$	\$	\$	\$	\$	\$

Infrastructure Project (off-site) Sources and Uses

	Local Gov.	CDBG Requested	CDBG Program Income	Business or Developer	Other Specify	TOTAL
Roads	\$	\$	\$	\$	\$	\$
Utilities	\$	\$	\$	\$	\$	\$
Water	\$	\$	\$	\$	\$	\$
Sewer	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total Funds:	\$	\$	\$	\$	\$	\$

2. Funding Ratio: Ratio of Private Funds to CDBG Funds: _____ %

3. Financing structure of funds to business: Identify proposed project financing structure to be used to recover CDBG funds from benefiting developer or business(es): (check all that apply)

- Infrastructure: Provide discussion on recapture of CDBG funds.
- Business Grant: Provide documentation of no undue enrichment.
- Business Loan: Interest Rate: _____ Term: _____
Repayment Terms: _____

ECONOMIC DEVELOPMENT PROJECT - Forms

PRE-APPLICATION

Business(es) Responsible for Job Creation (attach additional sheets if necessary):

Business Name/Business Representative Name (Print) Title

Signature Date

Business Name/Business Representative Name (Print) Title

Signature Date

PLANNING ONLY ACTIVITIES – Instructions Only

The Department is not providing specific activity forms in this (primary) DRI application for Planning Only activities, however, applicants wishing to apply for CDBG/DRI eligible Planning Only grants should do so by completing and submitting all required general application forms (found in this application), as well as additional information and documentation regarding proposed activities. Where applicable, applicants may use forms from other activities in this application (i.e., Source/Use Forms).

A. PLANNING ONLY ACTIVITY INFORMATION:

1. How much is being requested for this activity?

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. What type of Planning Activity is being proposed?

- Applicants that are proposing multiple planning activities **must** separate the requested dollar amounts for each type of activity and provide separate information, forms and documentation for each.

3. Description of activity:

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Applicants should be highly focused on the development of forward-thinking land use planning that will guide long-term recovery efforts, such as Safety Elements of General Plans, Local Hazard Mitigation Plans (LHMP), Community Wildfire Protection Plans (CWPP), and/or other disaster-related planning activities.

4. Who will carry out this activity?

For this specific activity, who will be in charge of administering the program/project? If it will be a combination, please provide complete information for all administrators.

B. BENEFIT:

NOTE: The Federal Notice that created the 2008 DRI Program includes a waiver that allows Federal CDBG Program Rule Section 24 CFR 570.208 (d)(4) to establish the guidelines for meeting National Objectives. This permits DRI Planning Grants to be deemed to meet the National Objective for Low- and Moderate-Income Persons, Households and Businesses. Additional details may be found in **Appendix C** of the NOFA.

C. NEED FOR ACTIVITY:

All applications must describe why the proposed activity is the community's highest disaster-related need, and the process used to make such a determination.

PLANNING ONLY ACTIVITIES – Instructions Only

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. Activity Administrator:

How will this activity be administered? *(Include details of all that apply.)*

- In-house:
 - Include supporting documentation to show grantee staff experience.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. Other Readiness Documentation:

Please submit any additional readiness documentation using a separate summary

3. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. (NOTE: Applicants may re-title and use a Sources & Uses Form from one of the other activity sections)

On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related cost estimates.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

APPENDIX A: DETERMINING NATIONAL OBJECTIVE AND BENEFICIARIES

CDBG NATIONAL OBJECTIVE

According to 24 CFR Section 570.483, in order to be eligible for funding, every CDBG activity must meet one of the three National Objectives of the program. Additional information on National Objectives is available on HUD's website at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch3.pdf>

The National Objectives are:

1. Benefiting Low- and Moderate-Income Persons; **or**
2. Preventing or Eliminating Slums or Blight; **or**
3. Meeting other community development needs having a particular urgency because of existing conditions that pose a **serious** and **immediate** threat to the health or welfare of the community, and other financial resources are not available to meet such needs.

Most activities funded under the State CDBG program will meet the National Objective of benefiting low- and moderate-income persons, also known as the "Targeted Income Group" (TIG). Applications that include activities documenting higher TIG Benefit will be eligible for greater funding limits and will be viewed as more competitive in tie-breaker situations.

Targeted Income Group, which includes "Low Targeted Income Group (LTIG)" and "Extremely Low Targeted Income Group (ELTIG)", is based on county income limits provided annually by HCD. Targeted Income Group households have incomes that are 80 percent or less of the adjusted area median family income; Low Targeted Income Group households have incomes that are at 50 percent or less of the adjusted area median family income; Extremely Low Targeted Income Group households have incomes that are at 30 percent or less of the adjusted area median family income

Each application must contain a discussion of how the proposed activity will principally benefit the targeted income group. Failure to adequately demonstrate that the proposed activity will provide such benefit may result in denial of the funds.

BENEFICIARIES

For the general allocation, beneficiaries may be tracked by number of people, or number of housing units or households, depending on the type of activity.

1. Presumed Benefit (Limited Clientele)

HUD has determined that some beneficiaries are generally presumed to be principally low- and moderate-income persons. Activities that **exclusively** serve a group of persons in any one, or a combination, of the following categories, may be presumed to be TIG:

APPENDIX A: DETERMINING NATIONAL OBJECTIVE AND BENEFICIARIES

- A. Beneficiaries with Presumed 100 percent TIG Benefit:
 - o Severely disabled adults – (Low TIG)
 - o Illiterate adults – (Low TIG)
 - o Persons living with AIDS – (Low TIG)
 - o Battered spouses – (Low TIG)
 - o Abused children (*including direct services only to Foster Children*) – (Extremely Low TIG)
 - o Migrant farmworkers – (Low TIG)
 - o Homeless persons – (Extremely Low TIG)

- B. Beneficiaries with Presumed 51 percent TIG Benefit:
 - o Seniors (over 62 years old) – (TIG) if assistance is to acquire, construct, convert and/or rehabilitate a senior center or to pay for providing center-based senior services.
 - o Seniors – (Low TIG) if assistance is for other services (not center-based).
 - o If an activity serves a combination of these groups, estimate the number under each group and report those numbers under the appropriate income levels.
 - o For activities that will benefit seniors, to demonstrate TIG Benefit of over 51 percent, the application must include an income survey of current or potential future beneficiaries.

2. Targeted Income Group (TIG) Determination

- Each application must provide information on the proposed beneficiaries for each activity.
- Beneficiaries whose incomes are 80 percent or less of the county median income are determined to be TIG.
- HUD charts showing county median incomes can be found at: http://www.hcd.ca.gov/hpd/hrc/rep/state/cdbg_home09.pdf (NOTE: Once HCD publishes the 2010 income limits, change this link by deleting the “09” and replacing it by typing in: 10 That should take you to the 2010 income chart, available once HUD provides it to HCD, anticipated by end of June, 2010.)
- Each proposed activity must show the intended beneficiaries by income category, as noted below:

81 percent and Above (Non-TIG) -A-	Between 51 percent - 80 percent (TIG) -B-	Between 31 percent - 50 percent (LTIG) -C-	Below 30 percent (Extremely LTIG) -D-	TOTALS -E-

Note: Proposed activities may not exclude benefit to the LTIG.

APPENDIX A: DETERMINING NATIONAL OBJECTIVE AND BENEFICIARIES

- A. Non-TIG. Enter the proposed number of beneficiaries with incomes 81 percent and above (non-TIG) of the county median income. If CDBG funds will be used on a project where non-TIG will benefit, then show those non-TIG numbers on this chart. If non-TIG will not benefit from a CDBG activity, enter a zero in column A.
- B. TIG. Enter the proposed number of beneficiaries with incomes between 51 percent and 80 percent of the county median income.
- C. Low TIG (LTIG). Enter the proposed number of beneficiaries with incomes between 30 and 50 percent of the county median income.

Applicants may not enter a zero in this column. Proposed activities may not exclude benefit to the LTIG group.

- D. Extremely Low TIG (Extremely LTIG). Enter the proposed number of beneficiaries with incomes less than 30 percent of the county median income.
- E. Totals. Enter the total number of beneficiaries.

3. **Methods for Determining Area TIG Benefit**

- A. Applicants **must use HUD** low- and moderate-income data by census tract and census block group to document low income benefit of the area where the services will be provided. This information is available at: <http://www.hud.gov/offices/cpd/systems/census/ca/lowmod/nonentitled.xls>
- B. Alternatively, applicants may use a household income survey to document the TIG Benefit for proposed activity. All applicants must follow the Income Survey Instructions included in the Appendices contained in the 2008 DRI Notice of Funding Availability. <http://www.hcd.ca.gov/fa/cdbg/mmemo/09-02ManagementMemoIncomeSurveys2008.pdf>

Note: Income surveys that rely on a sample of the population, but do not clearly describe and document the random sampling methodology used, will not be accepted and the Department may use jurisdiction-wide HUD Low/Mod data to determine TIG Benefit.

If the applicant is proposing to use some other source of information to document TIG Benefit, it is recommended that the applicant contact a CDBG Program Representative to ensure the source is acceptable, prior to submittal of an application.

HUD's Low-Mod tables or a valid Income Survey must be used to determine TIG Percentages. Do not use U.S. Census data.

APPENDIX B: DETERMINING SERVICE AREA

CDBG-funded activities may be carried out to benefit an entire jurisdiction, or just a specific area of the jurisdiction, including a combination of incorporated and unincorporated areas. The service area will establish how the proposed Targeted Income Group (TIG) beneficiaries are determined.

For target areas, a **readable map** must be provided showing the exact area being served. Each target area will require a separate set of tables with the proper data.

Most Census maps can be obtained by visiting the American Fact Finder website at:

http://factfinder.census.gov/jsp/saff/SAFFInfo.jsp?_pagelid=thematicmaps&_submenuId=maps_1

For each activity, indicate whether the proposed activity will be jurisdiction-wide or confined to a target area.

JURISDICTION-WIDE

- If a project or program is “jurisdiction-wide”, this means that every person/household in the jurisdiction has an opportunity to benefit from a CDBG-funded activity.
- When addressing a community-wide health and safety problem, benefit is generally provided to all the residents of a geographic area or all users of the public facility/service. Typically, only a portion of the beneficiaries of such an activity are TIG persons/households.
- To determine the percent of TIG for jurisdiction-wide activities, refer to the TIG percentages noted in the NOFA, or use the results of your valid income survey.

TARGET AREA(S)

- A Target Area is a specific portion of a jurisdiction that will benefit from an activity.
- A Target Area may include incorporated and unincorporated areas.
- Target Areas must have at least 51 percent of its people/households documented as TIG.
- Select the unit of census data that encompasses the proposed target area:
 - If the target area is completely within a Census Tract, identify the Census Tract.
 - If the target area is completely within a Census Block Group, identify the Block Group(s).
 - If the target area crosses boundary lines for more than one Census Block Group, identify all applicable Census Block Groups.
- To determine the percent of TIG persons/households in a Target Area, either:
 - Using HUD’s income charts, locate the Census Tract/Block Groups for the Target Area:
 - Add up the total number of TIG persons in the Target Area and divide by the total population in the Target Area to arrive at the Target Area TIG percentage.
 - If an Income Survey was performed for the Target Area, Indicate the results of the survey and include the survey with your application.

APPENDIX C: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

- National Environmental Policy Act (NEPA) review requirements apply to **all** CDBG funded activities, including general administrative activities (GA), Planning Only activities, and projects funded using program income.
- The environmental review must identify and address the physical, social, and economic impacts of the entire proposed activity. The environmental review process must consider the ultimate effect of a proposed project, including the potential effects of both the CDBG and related project activities. For example, if CDBG funds are being used to extend a water line to a site for a new residential development or manufacturing plant, then the ultimate effect of the project is not only the new water line, but also the new residential development or plant. Therefore, the environmental review must address the impacts of both the CDBG-funded water line as well as the development of the new residential units or plant. The scope of an environmental review encompasses this definition of a project.
- Environmental review is a critical component of the Readiness and Special Conditions for each activity. It documents compliance with NEPA and the California Environmental Quality Act (CEQA). Although CDBG staff does not monitor for compliance with CEQA, each grantee should also ensure that it has complied with CEQA requirements.
- Each level of review requires different types of documentation. Below is a summary of the required forms for each level of review and a list of typical activities associated with the review(s).
- **Applicants are required to use the most updated flood maps, as provided by the Federal Emergency Management Agency (FEMA) – www.fema.gov . The Flood Zone designation, Panel number and Date must be indicated on the Form 58.6.**
- **All** activities start with an Environmental Finding Form and a Form 58.6. The review path is determined after these forms are completed.

GLOSSARY:

NEPA	National Environmental Policy Act
CEQA	California Environmental Quality Act
CHRIS	California Historic Resources Information System
SHPO	State Historic Properties Office
NOI	Notice of Intent
RROF	Request Release of Funds
FONSI	Finding of No Significant Impact
ERR	Environmental Review Record – This is the entire file containing all documents and findings pertaining to the environmental review.

If you need assistance in determining the appropriate level of review for each proposed activity, please refer to the attached charts. Additional information can be found in the revised CDBG Grant Management Manual, Chapter 3, accessible at:

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

APPENDIX C: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

EXEMPT (§ 58.34)

1. Required Forms:
 - Environmental Finding Form
 - Form 58.6

2. Typical Activities:
 - General Administrative.
 - Payment of costs for eligible public services that will not have a physical impact or result in any physical changes.
 - Inspections and testing of properties for hazards and defects.
 - Engineering and design.
 - Technical assistance and training.
 - Activities that are Categorically Excluded and subject to 58.5, but have converted to Exempt.

CATEGORICALLY EXCLUDED NOT SUBJECT TO §58.5 (§58.35b)

1. Required Forms:
 - Environmental Finding Form
 - Form 58.6

2. Typical Activities:
 - Economic Development activities.
 - Payment of CDBG eligible operating costs.
 - Payment of CDBG eligible supportive service costs, including but not limited to, health care, housing counseling services, day care or nutritional services.
 - Homeownership Assistance programs.
 - Affordable housing predevelopment costs.
 - Payments of assessments to TIG households where the project **is not** dependent on CDBG funding.

If **any** additional activities are taking place, such as rehabilitation or new construction, or if the project is associated with the expansion of existing operations, the project **does** have to meet a higher environmental clearance level, **even if CDBG funds are not paying for the additional activities.**

APPENDIX C: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

CATEGORICALLY EXCLUDED SUBJECT TO §58.5 (§58.35A)

A. Statutory Worksheet with No Secondary Findings

1. Required Forms:

- Environmental Finding Form
- Form 58.6
- Statutory Worksheet (project site) with letter from either CHRIS or SHPO

2. Typical Activities:

- Payment of assessments for TIG households, where the project **is** dependent on CDBG funding, **and** with a less than 20 percent increase in system capacity.
- Public Improvements and Public Facility projects with **less than** a 20 percent change in size or capacity.
- Residential rehabilitation with one to four units
- Multifamily residential rehabilitation

B. Statutory Worksheet with Secondary Findings

1. Required Forms:

- Environmental Finding Form
- Form 58.6
- Statutory Worksheet (project site) with letter from SHPO/CHRIS
- Notice of Intent to Request Release of Funds (NOI/RROF) - 7-day public notice period (submit proof of publication)
- Request for Release of Funds and Certification (RROF and Cert.) – 15-day objection period

2. Typical Activities:

- Same as Statutory Worksheet with No Secondary Findings (above).

C. Tiered Review for Housing Rehabilitation Programs

1. To obtain environmental clearance for the program **at the beginning** of the grant, submit the following Required Forms:

- Environmental Finding Form
- Form 58.6
- Rehabilitation Environmental Review (RER) **excluding** Appendix A
- SHPO letter
- NOI/RROF – 7 day public notice period (submit proof of publication)
- RROF and Cert. – 15-day objection period.

2. For each housing rehabilitation project, complete Appendix A of the RER but do not submit to CDBG

APPENDIX C: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

D. Environmental Assessment (§58.36)

1. Required Forms:
 - Environmental Finding Form
 - Form 58.6
 - Environmental Assessment (EA) with letter from either CHRIS or SHPO
 - Combined Notice (FONSI and NOI/RROF)/15-day public notice period
 - RROF and Certification/ 15-day objection period

2. Typical Activities:
 - New construction
 - Rehabilitation of a public facility or public improvement with more than 20 percent increase in the size or capacity
 - Conversion of land use

E. Environmental Impact Statement (EIS) Determination (§58.37)

1. Required Forms:
 - Notice of Intent to Prepare an EIS Draft and Final EIS
 - Record of Decision

2. Typical Activities:
 - Activities resulting in significant impact on the human environment.
 - Typically larger/regional projects.

APPENDIX C: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

Level of Environmental Review¹

Exempt 58.34	Categorically Excluded NOT subject to 58.5
TYPE OF ACTIVITIES	
<ul style="list-style-type: none"> ➤ Administrative and management activities. ➤ Environmental and other studies. ➤ Resource identification. ➤ Information and financial services. ➤ Public services, i.e. employment, crime prevention, child care, health, drug abuse, education, counseling, energy conservation, welfare, recreational needs. ➤ Inspections and testing for hazards or defects. ➤ Purchase insurance or tools. ➤ Engineering or design costs. ➤ Technical assistance and training. ➤ Temporary or permanent improvements that do not alter environmental conditions and are limited to protection, repair or restoration activities to control or arrest the effects from disasters or imminent threats to public safety, including those resulting from physical deterioration. ➤ Payments of principal and interest on loans or obligations guaranteed by HUD. 	<ul style="list-style-type: none"> ➤ Tenant-based rental assistance. ➤ Supportive services such as health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent, mortgage, or utilities, assistance in gaining access to government benefits. ➤ Operating costs including maintenance, furnishings, security, equipment, operation, supplies, utilities, staff training and recruitment. ➤ Economic development activities including equipment purchase, inventory financing, interest subsidy, operating costs, and other expenses not associated with construction or expansion. ➤ Activities to assist homeownership of existing dwelling units or units under construction, including closing costs and down payment assistance to homebuyers, interest buy downs or other activities which do not have a physical impact. ➤ Affordable housing pre-development costs: legal consulting, developer and other site-option costs, project financing, administrative costs for loan commitments, zoning approvals and other activities which do not have a physical impact. ➤ Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under Part 58, if: approval is by the same Responsible Entity, and re-evaluation is not required, per 58.47.

¹ Adapted from chart prepared by Anchorage Office of Native American Programs, HUD

APPENDIX C: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

Level of Environmental Review

Categorically Excluded AND subject to 58.5 (“A” checked for <u>all</u> items in the “Status” column)	Categorically Excluded AND subject to 58.5 (“B” checked for <u>one or more</u> items in the “Status” column)
TYPE OF ACTIVITIES	
<ul style="list-style-type: none"> ➤ Acquisition, repair, improvement, reconstruction, or rehabilitation of public facilities and improvements (other than buildings), when the facilities and improvements are already in place and will be retained in the same use without change in size or capacity of more than 20 percent: <ul style="list-style-type: none"> ○ Replacement of water or sewer lines; ○ Reconstruction of curbs & sidewalks; and ○ Repaving of streets. ➤ Special Projects directed toward the removal of material and architectural barriers that restrict the mobility of and accessibility to the elderly and handicapped. ➤ Single Family Housing Rehabilitation: <ul style="list-style-type: none"> ○ Unit density is not increased beyond 4 units; ○ Project does not involve change in land use from residential to non-residential; and ○ The footprint of the building is not increased in a floodplain or a wetland. ➤ Multifamily Housing Rehabilitation: <ul style="list-style-type: none"> ○ Unity density change is not more than 20 percent; ○ Project does not involve change in land use from residential to non-residential; and ○ Cost of rehabilitation is less than 75 percent of the estimated cost of replacement after rehabilitation. ➤ Non-Residential Structures: <ul style="list-style-type: none"> ○ Facilities and improvements were in place and will not be changed in size or capacity by more than 20 percent; and ○ Activity does not involve change in land use from non-residential to residential, commercial to industrial, or one industrial use to another. ➤ Individual action (e.g. disposition, new construction, demolitions, acquisition) on a 1 to 4 unit dwelling; or individual action on 5 or more units scattered on sites more than 2000 feet apart and not more than 4 units per site. ➤ Acquisition (including leasing) or disposition of, or equity loans on an existing structure or acquisition (including leasing) of vacant land provided that the structure of land acquired or disposed of will be retained for the same use. ➤ Combinations of the above activities. 	

NEPA Environmental Assessment

- Activities not exempt or categorically excluded.
- Generally, new construction of 5 or more homes.
- Conversion from one type of land use to another.

APPENDIX C: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)



HUD ENVIRONMENTAL FINDING FORM (EFF)

U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

CDBG Grantee: _____

Activity: (scope of NEPA Activity, e.g., sewer and water improvements in support of shopping center development **and** identification of CDBG Activity, (e.g., planning/technical assistance grant, housing rehabilitation, public facilities, public improvements, business loan, microenterprise program, etc.):

The environmental level of clearance for _____ (activity) is:

- Exempt (24 CFR Part 58.34), **OR**
 Categorically excluded not subject to the §58.5 statutes [24 CFR Part 58.35(b)]

Attached documentation:

- HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6

- Categorically excluded subject to the §58.5 statutes per 24 CFR Part 58.35(a), but **requires no** mitigation and *has converted to exempt status* [24 CFR Part 58.34(a)(12)], *or*

- Categorically excluded subject to the §58.5 statutes [24 CFR Part 58.35(a)], but **will require** mitigation and, therefore, will not convert.

Attached documentation:

- HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6, **AND**
 Statutory Worksheet, **OR**
 Rehabilitation Environmental Review (RER) form (tiered environmental reviews only). RER Appendix A (Parts 3-6) must be completed after the project site is identified and before you proceed with the project. A copy of Appendix A must be kept in the project file.

If the Statutory Worksheet triggers public noticing requirements, also provide:

- Notice of Intent to Request Release of Funds (proof of publication) and
 Request for Release of Funds and Certification (HUD-7015.15 form).

The RER **requires** public noticing, provide:

- Notice of Intent to Request Release of Funds (proof of publication) and
 Request for Release of Funds and Certification (HUD-7015.15 form)

- Environmental Assessment (24 CFR Part 58.36)

Attached documentation:

- HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6
 Environmental Assessment
 Combined Finding of No Significant Impact/Notice of Intent to Request Release of Funds (proof of publication)
 Request for Release of Funds and Certification (HUD-7015.15 form)

- Environmental Impact Statement (24 CFR Part 58.37). **Contact a CDBG Representative.**

Certifying Officer Signature

Print Name

Date Certified

APPENDIX C: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

HUD ENVIRONMENTAL FORM FOR STATUTES AND REGULATIONS AT 24 CFR 58.6



U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

ACTIVITY DESCRIPTION: (indicate proposed activity)

Level of Environmental Review Determination (per EFF): Select

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500).

STATUTES and REGULATIONS listed at 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA identified Special Flood Hazard?
 No Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed; go to next factor).
 Yes Source Document: _____
2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
 Yes Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.
 No Federal assistance may not be used in the Special Flood Hazards Area.

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?
 No Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States. (This factor is completed; go to next factor).
 Yes Federal assistance may not be used in such an area.

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?
 No Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3). **(This factor is completed)**
 Yes **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Preparer Signature

Print Name

Date Certified

Certifying Officer Signature

Print Name

Date Certified

APPENDIX D: COST CATEGORIES FOR CDBG ACTIVITIES

GENERAL ADMINISTRATIVE COSTS

- To support a DRI/CDBG program at the local level, jurisdictions have to perform supporting functions that are necessary and appropriate in implementing and administering a DRI/CDBG award.
- These costs are reimbursable under General Administrative (GA) costs.
- General Administrative costs may be allocated on a direct basis or an indirect basis.
- Costs that are always considered “administrative” include:
 - General management, oversight and coordination of the program including, but not limited to, providing information about the overall DRI/CDBG program, preparing budgets, reports and other documents.
 - Indirect costs, per OMB A-87, Attachment A (F)(1)(b), are those costs incurred for a common or joint purpose benefiting more than one cost objective, and are not readily assignable to the cost objectives specifically benefited.

ACTIVITY DELIVERY COSTS

- Activity Delivery costs are **direct costs** incurred in carrying out a specific project or program.
- The amount of activity delivery costs charged to the State DRI/CDBG grant is limited to a percent of the total activity budget.
- Grantees are allowed to use a portion of the grant award to pay for the actual costs associated with the delivery of each proposed activity. Activity delivery includes costs associated with staff and overhead **directly** involved with carrying the **specific** activity.
- Activity delivery costs vary, depending on the activity category. As a general guideline, the cost of activity delivery has been a percentage of the amount awarded for the activity as follows:
 - Housing Rehabilitation..... up to 19 percent
 - Economic Development.....up to 15 percent
 - Public Facilities or Public Improvements..... up to 8 percent
Note: If complex labor standards are involved (multiple subcontractors and/or numerous trades), then up to 12 percent may be requested.
 - All other activities..... up to 8 percent
- Costs that would be most typically be associated with “activity delivery” include:
 - Application processing and specific program/project marketing,
 - Direct costs of salaries and expenses for staff working directly on a specific program/project.
 - Environmental reviews.
 - Labor standards compliance.

APPENDIX D: COST CATEGORIES FOR CDBG ACTIVITIES

Some costs can be charged either to a specific project (Activity Delivery/Activity), or to administrative (General Administrative) costs. Please refer to the Cost Categories Table on the following page.

Activity Costs are directly related to the program/project and include:

- Materials, labor, etc.

OMB CIRCULARS

Information on how to allocate administrative costs can be found in the OMB Circulars A-21, A-87, A-110 and A-122, as appropriate. Copies of the Circulars are available at: <http://www.whitehouse.gov/omb/circulars/index.html>

APPENDIX D: COST CATEGORIES FOR CDBG ACTIVITIES

Cost Categories Table

Costs	General Administration	Activity Delivery	Activity
Advertisements		X	
Appropriate Fees		X	X
Attend Workshops (HCD)	X		
Bidders Conferences		X	
Construction			X
Engineering Draw/Design		X	
Environmental Studies	X	X	
Fiscal Reporting	X		
General Coordination	X		
Indirect Costs <i>(see Instructions)</i>	X		
Insurance Premiums	X	X	
Labor Standards		X	X
Land Surveying		X	
Loan Processing		X	
Meetings with Banks	X	X	
Meetings with Homeowners/Homebuyers		X	
Personnel Costs	X	X	
Predevelopment Costs	X		
Procurement	X	X	
Program Reporting to CDBG	X		
Project Inspections		X	
Relocation Costs		X	X
Work Write-ups		X	