**APPLICANT NAME:**

**TABLE OF CONTENTS**

***\*Double Click on the box*, *drop-down menu or text box to enter information. Select desired answer, and then Up button to move desired answer to the top.***

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY** | **SELECT** | **DOCUMENTATION** | **PAGE(S)** |
| Public Improvement Forms  *(All pages)* |  | All Forms/Documents | to |
| **NEED** |  |  |  |
| Regulatory Agency Order(s) |  |  |  |
| Regulatory Agency Order(s) |  |  |  |
| Enforcement Agency Letter |  |  |  |
| Study Documentation |  |  |  |
| Supplemental Information |  | List: |  |
| **BENEFIT** |  |  |  |
| Service Area Documentation |  |  |  |
| Beneficiary Documentation: |  |  |  |
| * List: |  |  |  |
| * List: |  |  |  |
| * List: |  |  |  |
| **READINESS** | |  |  |  |
| Experienced In-House Staff/Consultant and Ready to Start: | |  |  |  |
| * Proof of Experience | |  |  |  |
| * Proof of Experience | |  |  |  |
| * Proof of Experience | |  |  |  |
| * Proof of Experience | |  |  |  |
| Project Approval Status: | |  |  |  |
| * Engineer’s Preliminary Plans and Specifications | |  |  |  |
| * Engineer’s Cost Estimate | |  |  |  |
| * Engineer’s Timeline | |  |  |  |
| All Funding In Place | |  |  |  |
| Site Control | |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE OBJECTIVES** |  |  | PAGE(S) |
| 1. Points awarded for any proposed activity that addresses or mitigates impacts from a state- or federally-declared disaster. 2. Points awarded for any proposed activity that meets the Urgent Need National Objective. | If applicable  If applicable | Description and documentation required for maximum points  Description and documentation required for maximum points |  |

***A. Activity Information:***

**1. Is this Activity being Submitted Under the Community Development Allocation, the Native American Allocation and/or the Colonia Allocation?** *(Check only one box and fill out a separate set of application forms for each funding category being applied for.)*

**Community Development Allocation**

**Native American Allocation**

**Colonia Allocation**

**2. How will the Requested CDBG Funds be Used?**

a) Type of Project:

Flood Drainage Improvements (03I)

Water/Sewer Improvements (03J)

Street Improvements (03K)

Sidewalks (03L)

Payment of Eligible Assessments for Public Improvements

Tree Planting (03N)

Other (describe):

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

Yes  No

**3. Location of Sites(S) Where Activity will Occur (Include Maps):**

**Does the Applicant Currently have Site Control?** *(Include documentation under Readiness section, Question 4.)*

Yes  No

**4. Describe the Activity:** *(See instructions.)*

**5. Relocation Compliance:** Does the proposed project involve purchase, conversion or demolition of structures on the proposed project’s site that will cause displacement of any “persons”?

**Will this Activity Trigger Temporary Relocation or Permanent Displacement of Any “Persons”?**

Yes  No

**If “Yes”:**

* Explain:
* The grantee will be required as a special condition of the CDBG grant contract to submit GIN notices and a formal relocation or displacement plan for the project prior to release of grant funds. A properly signed acquisition notice to the seller will also be required per federal regulations.
* Add the associated cost into the Development Cost Breakdown below in “All Funding in Place” under Readiness.

**If “No”**, explain how that determination was made?

***B. Need for Activity: Be sure to include the page numbers for the items below in the Table of Contents above.***

**1. Describe the Need(s) this Activity will Address:**

**2. How was the Need for this Activity Determined?**

**Documentation: Page(s):**

Cease and Desist Order

Boil Water 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 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:**

* Reports, Notices, orders and/or directives from State or local regulatory agencies.
* Third-party letters describing the direct **health and safety** impact (“Letters of support” not applicable).
* 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Source**  **(Agency, Other)** | **Description of Documentation** | **Date of Doc.** | **Application**  **Page #** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

***C. Benefit: Be sure to include the page numbers for the items below in the Table of Contents above.***

***Note:*** *If your project is Assessment Fees – No Service Area information is required since LMH is your National Objective. Service Area information is only required for LMA National Objective.*

**1.** **Service Area - Low/Mod and Poverty Percentages:** *(Check only one and include map(s) when appropriate.)*

Jurisdiction-Wide *(Map is not required.)*

Service Area(s) is/are greater than or smaller than jurisdiction-wide. *(Map and narrative justifying the service area being used are required.)*

* **All Applicants:** Identify the Service Area(s) by Census Tract(s) and Block Group(s) (even if jurisdiction-wide) in the table below and list the page(s) where the Census Track/Block Group Map(s) may be found in this application. ***Be sure to add page numbers for this documentation in the Table of Contents above.***

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

**2.** **Beneficiaries (People):**

Income Restricted (100% Low-Income) for Payment of Assessments only.

Primarily Low/Mod (List % of total):      %

Based on ACS Low/Mod chart (**Appendix A**)

Based on an Income Survey

Methodology and results on page(s):

**3. Number of People Who Will Benefit:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **81% AND ABOVE**  ***(Non-Low/Mod)*** | **BETWEEN**  **51% - 80%**  ***(Low/Mod)*** | **BETWEEN**  **31% - 50%**  ***(Very Low-Income)*** | **BELOW 30%**  ***(Extremely Low-Income)*** | **TOTAL**  ***Number of People*** |
|  |  |  |  |  |

***D. Readiness: Be sure to include the page numbers for the items below in the Table of Contents above****.*

1. **Experienced In-House Staff and Ready to Start:**

Applicant’s number of previously completed **CDBG-funded non-housing related** construction or rehabilitation projects within the last three program years ending June 30th, prior to this NOFA:

0 (zero)  1  2 or more

Documentation required: *(Check all that apply; make sure all documents show the contract numbers)*

First page of grant agreements

First page of development agreements

Grant close-out letters from CDBG

Copy of Certificate of Occupancy or Recorded Notice of Completion

Applicant’s number of previously completed **CDBG-funded housing related** construction or rehabilitation projects within the last three program years ending June 30th, prior to this NOFA:

Number of Projects: \_\_\_\_\_\_

Documentation required: *(Check all that apply; make sure all documents show the contract numbers)*

First page of grant agreements

First page of development agreements

Grant close-out letters from CDBG or HOME

Copy of Certificate of Occupancy or Recorded Notice of Completion

Applicant’s number of previously completed **federally funded (other than CDBG) housing or non-housing related** construction or rehabilitation projects within the last three program years ending June 30th, prior to this NOFA:

Number of Projects: \_\_\_\_\_\_

Documentation required: *(Check all that apply; make sure all documents show the contract numbers)*

First page of grant agreement(s)

First page of development agreement(s)

Grant close-out letter(s) from CDBG or HOME

Copies of Certificate of Occupancy or Recorded Notice(s) of Completion

1. **Project Approval Status:**

Engineer’s Preliminary Design and Plans stamped and signed by the Engineer.

Engineer’s Cost Estimate stamped and signed by the Engineer.

Engineer’s Timeline stamped and signed by the Engineer.

1. **Funding in Place:**
2. *Check all applicable boxes.*
3. *List where the funding is coming from and how much from each source.*
4. *Fill out the funding breakdown in the chart below.*
5. *Provide documentation supporting the funding listed.*
6. *Include narrative in the Comments section below as necessary.*
7. *Include the page numbers for the supporting documentation in the Table of Contents above.*

Program Income Funds Included in the Resolution

Grant/Loan Award Letters

List:

Bank Loan Commitment Letters

List:

Other Funding Commitments

List:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SOURCES AND USES FORM** | | | | | | | |
|  | **Dev. Cost**  **Amounts** | **CDBG Funding**  **(Enter From Summary Application)** | **Total Program Income In Place** | **Total Grant/Loan Awards In Place** | **Total**  **Other Funding In Place** | **TOTAL**  **FUNDING**  **IN**  **PLACE** | **GAP FUNDS NEEDED** |
| Acquisition | $ | $ | $ | $ | $ | $ | $ |
| Demolition | $ | $ | $ | $ | $ | $ | $ |
| Site work | $ | $ | $ | $ | $ | $ | $ |
| Construction - Structures | $ | $ | $ | $ | $ | $ | $ |
| Soft Costs (Loan interest, permits, etc) | $ | $ | $ | $ | $ | $ | $ |
| Environmental Review | $ | $ | $ | $ | $ | $ | $ |
| Architect/Engineer Fees | $ | $ | $ | $ | $ | $ | $ |
| Labor Standards | $ | $ | $ | $ | $ | $ | $ |
| Temporary Relocation | $ | $ | $ | $ | $ | $ | $ |
| Permanent Relocation | $ | $ | $ | $ | $ | $ | $ |
| Contingency | $ | $ | $ | $ | $ | $ | $ |
| Other – Describe | $ | $ | $ | $ | $ | $ | $ |
| **TOTALS** | $ | **$** | $ | $ | $ | $ | $ |

**Comments regarding Funding in Place and/or Cost Breakdown:**

**4. Site Control of Land for Project**

Draft Executed

City/County Owned Site

Purchase Agreement (See Instructions)

Option to Purchase

Option to Lease

Leasehold Interest

Deed of Trust

Other Documentation of Site Control

List

***E. State Objective Points:***

1. 100 points will be awarded for any proposed activity that addresses or mitigates impacts from a state- or federally-declared disaster, active at the time of application submittal due date. Please note that the proposed activity must be CDBG eligible and meet a National Objective.

A description and documentation of how the proposed activity meets this State Objective will be needed to garner maximum points in this category.

2. 100 points will be awarded for any proposed activity that meets the Urgent Need National Objective. The activity must address a community development need having a particular urgency, and must be designed to alleviate existing conditions which the local government certifies and state determines (see NOFA for additional information).

A description and documentation of how the proposed activity meets this State Objective will be needed to garner maximum points in this category.