**STATE OF WISCONSIN**

Department of Administration

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**COMMUNITY DEVELOPMENT BLOCK GRANT – PLANNING**

**(CDBG-PLNG)**

**GRANT APPLICATION**

**REVISED 01/02/2019**



**CDBG-PLNG PROGRAM CONTACT INFORMATION**

Mailing Address: Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

Bureau of Community Development

**ATTN: CDBG-PLNG Applications**

101 E. Wilson St., 6th Floor

P.O. Box 7970

Madison, WI 53707-7970

Telephone: David Pawlisch, Director

Bureau of Community Development

(608) 261-7538

Email: *DOACDBG@wisconsin.gov*

**PLEASE NOTE:**

CDBG-Planning Grant Application materials can be downloaded from the Bureau of Community Development section on the Division of Energy, Housing and Community Resources website at: *https://doa.wi.gov/Pages/LocalGovtsGrants/CDBGPlanningProgram.aspx.* Please **download the electronic document(s) prior to application submission** to ensure that you are referencing the most up-to-date version of the application as periodic revisions may have been made since this copy was printed.

**Wisconsin Department of Administration**

**DIVISION OF ENERGY, HOUSING AND COMMUNITY RESOURCES**

**Community Development Block Grant – Planning (CDBG-PLNG)**

**Grant Application**

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| --- |
| **PART 1 - GRANT REQUEST** |
| Grant RequestAmount: $  | Applicant’s Match: $  | Total ProjectCost: $  |
| Project Scope: **[ ]** Community-Wide **[ ]** Neighborhood, District, or Site-Specific  |
| Project Title:  |
| Brief Project Description:  |
| If Project receives CDBG funding:  Project Begin Date (MM/YY): \_\_\_\_ / \_\_\_\_\_ Project Completion Date (MM/YY): \_\_\_\_ / \_\_\_\_\_ |

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| **PART 2 - APPLICANT INFORMATION** |
| **APPLICANT** (Unit of General Local Government [UGLG]):  | Population:  |
| UGLG Type: **[ ]** City **[ ]** Village **[ ]** Town **[ ]** County | County:  |
| Senate District #:  | Assembly District #:  |
| Joint Application? **[ ]**  No **[ ]**  Yes (If yes, list other unit[s] of government):  |
| Chief Elected Official (CEO):  | Title:  |
| Clerk:  | Title:  |
| Municipal Administrator:  | Title:  |
| Treasurer/Finance Director:  | Title:  |
| UGLG Street Address:  |
| UGLG Mailing Address if different than above:  |
| City:  | Zip:  | DUNS #:  |
| UGLG Phone: ( ) \_\_\_ – \_\_\_\_\_\_ | UGLG Fax: ( ) \_\_\_ – \_\_\_\_\_\_ | FEIN:  |
| UGLG E-Mail:  | Clerk E-Mail:  |
| If the UGLG contracted with a third party to complete this application, please provide the contract amount for application preparation services: $ \_\_\_\_\_\_\_\_\_\_ |
| **Chief Elected** **Official Signature:**  | Date:  |
|  |
| **Application Contact**  |
| Name:  | Title:  |
| Firm/Company/Entity:  |
| Mailing Address:  |
| City:  | State:  | Zip:  |
| Phone: ( ) \_\_\_ – \_\_\_\_\_\_ | Fax: ( ) \_\_\_ – \_\_\_\_\_\_ | E-Mail:  |

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| **Current CDBG Assistance**  |
| List all currently open CDBG-PF, CDBG-ED, CDBG-PLNG, CDBG-PFED and CDBG-Housing awards: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project: | Grant Agreement # | Award Date: | Performance Period End Date: | Award Amount: |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| Did any previous CDBG award(s) monies fund part or all of the Planning project for which you are applying today? **[ ]** Yes [ ]  No |

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| **PART 3 - INITIAL ELIGIBILITY**  |
| Provide or acknowledge the following to demonstrate initial application eligibility. *Contact the Bureau of Community Development if any answer in this section is “No”:***Yes No** **[ ]**  **[ ]**  1. The Unit of General Local Government (UGLG) certifies that it is a non-entitlement community that does not receive CDBG funds directly from the Department of Housing and Urban Development (HUD).  **[ ]**  **[ ]**  2. UGLG’s *Citizen Participation Plan* is attached. **[ ]**  **[ ]**  3. Documentation of the first public hearing notice, verifying that the notice was published in accordance with the UGLG’s *Citizen Participation Plan* in effect on the date of the first notice; and adequate advance notice was given for the public hearing in accordance with the UGLG’s *Citizen Participation Plan* in effect on the date of the first notice ***and*** no less than the equivalent of a Class 2 Notice, is attached. **[ ]**  **[ ]**  4. *Citizen Participation Public Hearing Certification* is attached.  **[ ]**  **[ ]**  5. Public Hearing Meeting Minutes [with attendees listed in the Minutes or on separate sign-in sheet(s) provided] are attached. **[ ]**  **[ ]**  6. *Authorizing Resolution to Submit CDBG Application* is attached.  **[ ]**  **[ ]**  7. *Statement of Assurances* is attached. **[ ]**  **[ ]**  8. *Lobbying Certification* is attached.  **[ ]**  **[ ]**  9. *Potential Fair Housing Actions* checklist is attached. **[ ]**  **[ ]**  10. The UGLG acknowledges that if the project is funded, the UGLG will be required to complete the environmental review process **before** the UGLG can receive grant funds.  **[ ]**  **[ ]**  11. The UGLG acknowledges that if the project is funded, the use of consultants to assist in the preparation of a CDBG-funded plan or planning activity will be properly procured in compliance with Federal, State, and local requirements. **[ ]**  **[ ]**  12. The UGLG understands that the contract for professional services is between the UGLG and the professional services provider; the State is ***not*** responsible or a part of that relationship. **[ ]**  **[ ]**  13. The UGLG acknowledges responsibility for ensuring that CDBG contract requirements are met. The fees paid for grant application preparation and grant administration may be published on DEHCR’s web page. **[ ]**  **[ ]**  14. The UGLG certifies it is not debarred from receiving federal grant funds.  **[ ]**  **[ ]**  15. The UGLG understands that incomplete applications may be denied before review and denial of incomplete applications ***cannot*** be appealed. **\_\_\_\_\_\_\_ By initialing, the Chief Elected Official (CEO) certifies that the eligibility information noted above is complete and accurate.**Provide the date of pre-application meeting or telephone call and list of participants: Briefly describe the process used/to be used for procuring planning services and explain how it complies with Federal, State and local procurement requirements (not applicable if community staff will perform planning/project duties):  |

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| **PART 4 - CDBG NATIONAL OBJECTIVE AND PROJECT BENEFICIARIES** |
| 1. Will the proposed project benefit the entire community? **[ ]**  Yes **[ ]**  No
* How many total individuals will benefit from the project? \_\_\_\_\_\_\_\_
* Of those who will benefit, how many individuals meet the qualification of LMI? \_\_\_\_\_\_\_\_
1. Which CDBG National Objective does your proposed project meet and which method was used to demonstrate National Objective compliance? (Answer using the checkboxes below.) What method was used to demonstrate National Objective compliance?

**[ ]**  Benefit to Low- and Moderate-Income Persons**[ ]**  Area Benefit using HUD Local Government LMI Summary Data (only for projects having community-wide benefit or having primary benefit to multiple entire communities)**[ ]**  Area Benefit using HUD Census Block LMI Summary Data (for projects with a service area that is coterminous with one or more census blocks only)**[ ]**  Area Benefit using Income Survey Data (for projects for which an income survey was conducted to determine the LMI percentage of the service area)**[ ]**  Area Benefit using combination of HUD LMI Summary Data and Income Survey Data (for projects for which the LMI percentage calculation for the total service area was made by using the aggregate totals for the population and number of LMI persons from a combination of HUD LMISD for part of the service area and income survey data for the rest of the service area)**[ ]**  Limited Clientele - HUD presumed group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or if based on nature of project and location, provide justification below, and attach map detailing supporting information for service area)**[ ]**  Prevention/Elimination of Slum and Blight**[ ]**  Area Basis (Attach completed Slum and Blight Certification Form and supporting documents including map of service area)**[ ]**  Spot Basis (Attach completed Slum and Blight Certification Form and supporting documents including map of service area)Briefly summarize why the implementation of the plan would meet the selected National Objective and how it would qualify. Attach relevant supporting documentation for the selected National Objective. (Insert Text Here.)  |

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| **PART 5 – PROJECT NEED** |
| NARRATIVE RESPONSE IUsing the section headings below, provide a concise narrative describing why the proposed plan is needed. Data or pertinent information that may serve as justification for the need may be included in the narrative or as an attachment to this application. Limit the narrative to no more than one-half (1/2) page, single spaced with not less than 11-point font. **Additional supporting documentation for Project Need Response I may be attached. It must not exceed ten (10) pages and must be titled using the *Checklist* on pages 10-11 of this application form.** Address the following, as appropriate:1. Community distress factors addressed by plan:

(Insert Text Here.)1. Evidence of support by community stakeholders:

(Insert Text Here.)1. Evidence of consistency with goals and objectives of recent plans:

(Insert Text Here.)1. Other relevant factors:

(Insert Text Here.) |

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| **PART 5 – PROJECT NEED (continued)** |
| NARRATIVE RESPONSE IIUsing the section headings below, provide a concise narrative describing the intended outcome of the proposed planning project. Data or pertinent information that may serve as justification for the need can be included in the narrative or as an attachment to this application. Limit the narrative to no more than one-half (1/2) page, single spaced with not less than 11-point font. **Additional supporting documentation for Project Need Response II may be attached. It must not exceed ten (10) pages and must be titled using the *Checklist* on pages 10-11 of this application form.** Address the following, as appropriate**:**1. How will funds have a positive impact on community:

(Insert Text Here.)1. What steps will take place at conclusion of planning activity:

(Insert Text Here.)1. How is community able and ready to implement project being planned:

(Insert Text Here.) |

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| **PART 6 – BUDGET AND MATCHING FUNDS** |
| Amount of Matching Funds Committed to Project:(This amount must be consistent with financial information provided in Part I of this application and the *Budget and Matching Funds* table that follows in Part 6.) | $  |
| If the UGLG’s Matching Funds amount is not within the 2:1 ratio allowed (i.e., maximum $2 CDBG for every $1 Grantee Match) toward the Total Project Cost, is a match funding waiver request letter from the UGLG’s CEO (with explanation of and/or supporting documentation regarding economic distress) attached? [ ]  Yes **[ ]**  No **[ ]**  N/A  |
| Funding Source(s) for Matching Funds Committed to Project:[ ]  General Obligation (G.O.) Debt [ ]  Other (briefly explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |
| **BUDGET AND MATCHING FUNDS*****Attach documentation of financial commitments and supporting information to verify the costs listed in the Budget below.***

|  |  |  |
| --- | --- | --- |
|  | **Source of Matching Funds\*** |  |
| **Activity** | **CDBG Funds** | **UGLG** | **Other Public Funds** | **Private Funds** | **Total** |
|  Planning (including Administration)  |   |   |   |   |   |
|  Other (describe)  |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
| Subtotal |   |   |   |   |   |

*\*Report only match funding sources that the UGLG intends to utilize/accept. If the UGLG reports on the CDBG application secured matching funds that it does not intend to utilize/accept for the CDBG project, receives a CDBG award, and then causes delay in the Grant Agreement execution process due to needing to secure alternative funding; then DEHCR may rescind the CDBG award.*Summarize UGLG’s Match Funds and other Public and Private sources of project funding: Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ *Status*: Pending [ ]  Applied [ ]  Committed [ ]  Secured/Awarded [ ]  Other [ ] *Signed Commitment Documents Included?* [ ]  Yes [ ]  NoSource: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ *Status*: Pending [ ]  Applied [ ]  Committed [ ]  Secured/Awarded [ ]  Other [ ] *Signed Commitment Documents Included?* [ ]  Yes [ ]  NoSource: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ *Status*: Pending [ ]  Applied [ ]  Committed [ ]  Secured/Awarded [ ]  Other [ ] *Signed Commitment Documents Included?* [ ]  Yes [ ]  NoFor any source(s) listed above with a status of “Other” provide a brief explanation (No more than a one-sentence narrative per source): (Insert Text Here.) If the community is awarded a CDBG Planning Grant, how would the UGLG prefer to receive funds? Electronic Funds Transfer (EFT) [ ]  Paper Check [ ] **\*\*\*An application that is awarded CDBG-PLNG funds does NOT guarantee the UGLG additional CDBG funding for project implementation at a later date\*\*\*** |
| **PART 7 – PLANNING**  |
| *Briefly explain within the space provided below how this project is consistent with the goals and objectives of or a continuation of another or other adopted/approved community long-range plan(s), if applicable. Include the title and date of adoption/approval of the plan(s). Submit the copy(ies) of the relevant page(s) of the plan(s) in the Attachments with the completed application. Mark the relevant sections of the text on the attachment(s), and label plan pages with the page number and the plan’s title and date of adoption/approval. [****Do not*** *attach a full copy of the entire plan(s).]*[Enter text here]  |

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| **PLANNING APPLICATION****ATTACHMENTS AND SUPPORTING DOCUMENTATION CHECKLIST** |
| Topic | Documents | Required For All Apps | Included with this application submission? |
| **YES** | **NO** |
| Citizen Participation | 1. Adopted Citizen Participation Plan (*see* Part 3 *Initial Eligibility)*
 | **🗸** | [ ]   |  |
| 1. Citizen Participation Public Hearing Notice *(with proof of publication [if required] and/or clerk’s certification of posting dates and locations [if required]; and proof of adequate advance notice in accordance with the UGLG’s CPP in effect on the date of the first notice* ***and*** *no less than the equivalent of a Class 2 Notice)*
 | **🗸** | [ ]   |  |
| 1. Citizen Participation Public Hearing Certification Form
 | **🗸** | [ ]   |  |
| 1. Public Hearing Meeting Minutes (with the attendees listed in the Minutes or on a separate Sign-In Sheet provided)
 | **🗸** | [ ]   |  |
| 1. Policy for Non-Violent Civil Rights Demonstrations/Prohibiting the Use of Excessive Force and Barring of Entrances/Exits
 | **🗸** | [ ]   |  |
| Financial | 1. Authorizing Resolution to Commit Matching Funds
 |  | [ ]   | [ ]  |
| 1. Proof of Match Funds Committed, Secured, Pending and/or have Other Status *(all available documentation)*
 |  | [ ]   | [ ]  |
| 1. Match Funds Waiver Request Letter (with explanation of and/or supporting documentation for an economic hardship) *(if applicable)*
 |  | [ ]   | [ ]  |
| Service Area/Income Survey | 1. Map of Project Area (*with Service Area boundaries marked; and location of project site, if Plan will be for a specific site*)
 | **🗸** | [ ]   |  |
| 1. Demographic Profile Sheet of beneficiaries in Service Area *(must use form provided by DEHCR in the Application Attachments)*
 | **🗸** | [ ]  |  |
| 1. LMI Calculation Worksheet if HUD LMI Summary Data (LMISD) for multiple census blocks or multiple local governments that make up the entire service area were used to calculate the LMI percentage for the service area; or if a combination of HUD LMISD and income survey data were used to calculate the LMI percentage for the service area *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Map of Boundaries Census Block(s) that make(s) up Service Area, if HUD LMI Census Block data were used to determine the LMI percentage for the service area *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Map of Income Survey Area (with residences surveyed and responding, non-responding and vacant residences marked or provided on a separate sheet) *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Income Survey Results Income Tabulation Form *(if applicable: see Appendix C in Income Survey Guide)*
 |  | [ ]   | [ ]  |
| 1. Income Survey Results Race/Ethnicity Tabulation Form *(if applicable: see Appendix C in Income Survey Guide)*
 |  | [ ]   | [ ]  |
| 1. Income Survey Form used to conduct Income Survey *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. List of street addresses of service area/survey area (***and*** associated mailing address, if different than street address and the mailing address was used to distribute the income survey) *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. List of other contact information associated with the addresses of residents surveyed, if methods other than mailing or door-to-door/in-person methods were used (e.g., telephone, email, etc.) *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. List of assigned survey numbers for income surveys distributed/conducted with the response data tracking for each (date(s) survey was distributed/conducted or attempts were made; date surveyed/response received; and family size, income and race/ethnicity information for each) *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Income Survey Letter and/or other related correspondence sent to residents regarding the survey distribution and collection process *(if applicable)*
 |  | [ ]   | [ ]  |
| Fair Housing | 1. Potential Fair Housing Actions Checklist *(Specifying the three (3) actions that the local community will undertake)*
 | **🗸** | [ ]   |  |
|  | 1. Fair Housing Ordinance
 | **🗸** | [ ]   |  |
| Slum & Blight | 1. Slum and Blight Certification *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Slum and Blight supporting documentation *(for Area Basis only)*
 |  | [ ]   | [ ]  |
| Acquisition / Relocation | 1. Residential Anti-Displacement and Relocation Assistance Plan (RADRAP)
 | **🗸** | [ ]   |  |
| Other | 1. Authorizing Resolution to Submit CDBG Application
 | **🗸** | [ ]   |  |
|  | 1. Project Need Response I and II Supporting Documentation
 |  | [ ]   | [ ]  |
|  | 1. Planning supporting documentation *(e.g. relevant sections of adopted comprehensive plan, community redevelopment plan, etc.)*
 |  | [ ]   | [ ]  |
|  | 1. Statement of Assurances
 | **🗸** | [ ]   |  |
|  | 1. Lobbying Certification
 | **🗸** | [ ]   |  |

Fillable forms and sample documents can be found electronically on the Bureau of Community Development Website at: [*https://doa.wi.gov/Pages/LocalGovtsGrants/CDBGPlanningProgram.aspx*](https://doa.wi.gov/Pages/LocalGovtsGrants/CDBGPlanningProgram.aspx)*.*

**CITIZEN PARTICIPATION**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application.

Attachments:

1. Adopted Citizen Participation Plan (with date of adoption shown on Plan and with required components)
2. Citizen Participation Public Hearing Notice (with proof of publication [if required] and/or clerk’s certification of posting dates and locations [if required]; and proof of adequate advance notice in accordance with the UGLG’s CPP if effect on the date of the first notice ***and*** no less than the equivalent of a Class 2 Notice)
3. Citizen Participation Public Hearing Certification Form
4. Public Hearing Meeting Minutes (with the attendees listed in the Minutes or on a separate Sign-In Sheet provided)
5. Policy for Non-Violent Civil Rights Demonstrations/Prohibiting the Use of Excessive Force and Barring of Entrances/Exits (with date of adoption/approval shown on policy and with required language)

**FINANCIAL**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Citizen Participation attachment(s).

Attachments:

1. Authorizing Resolution to Commit Matching Funds
2. Proof of Match Funds Secured, Committed, Pending and/or have Other Status (all available documentation)
3. Match Funding Waiver Request Letter (with explanation of and/or supporting documentation regarding economic distress), if applicable

**SERVICE AREA & INCOME SURVEY**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Financial attachment(s).

Attachments:

1. Map of Project Area (with Service Area boundaries marked; and location of project site, if Plan will be for a specific site) – applicable for *all* applicants
2. Demographic Profile Sheet of beneficiaries in service area (must use form provided by DEHCR in Application Attachments) – applicable for *all* applicants
3. LMI Calculation Worksheet (if applicable) [if HUD LMI Summary Data (LMISD) for multiple census blocks or multiple local municipalities were used to calculate LMI percentage for service area; or if a combination of HUD LMISD and income survey data were used to calculate LMI percentage for service area]
4. Map of Boundaries of Census Block(s) that make up Service Area (if applicable)
5. Map of Income Survey Area [with residences surveyed and responding, non-responding and vacant residences marked], (if applicable)
6. Income Survey Results Income Tabulation Form (if applicable)
7. Income Survey Results Race/Ethnicity Tabulation Form (if applicable)
8. Income Survey Form used to conduct Income Survey (if applicable)
9. List of addresses in the service area/survey area [including the street address where the residence is located and mailing address if used to distribute the survey and it is different than the actual residential street address] (if applicable)
10. List of other contact information associated with the addresses of residents surveyed [applicable if methods other than mailing and door-to-door/in-person methods were used to distribute/conduct the survey (e.g., telephone, email, etc.)] (if applicable)
11. List(s) of survey numbers for surveys distributed/conducted with the response data tracking for each [including the date(s) the survey was distributed/conducted or attempts were made to distribute/conduct the survey for the address, date surveyed (i.e., date survey was returned or date survey interview was conducted), family size information, income level information, and race/ethnicity information] (if applicable)
12. Income Survey Letter or other related correspondence sent to residents regarding the survey distribution and collection process (if applicable)

**FAIR HOUSING**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Service Area / Income Survey attachment(s).

Attachments:

1. Potential Fair Housing Actions Checklist (with three (3) actions selected)
2. Fair Housing Ordinance (with current Fair Housing state statute citations and language, and with date of adoption shown on ordinance)

**SLUM & BLIGHT**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Fair Housing attachment(s).

Attachments:

1. Slum and Blight Certification, if applicable
2. Slum and Blight supporting documentation (for Area Basis ONLY), please label attached document(s):

|  |  |
| --- | --- |
| a. |  |
| b. |  |
| c. |  |
| d. |  |
| e. |  |
| f. |  |
| g. |  |
| h. |  |
| i. |  |
| j. |  |

**ACQUISITION / RELOCATION**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Slum & Blight attachment(s).

Attachments:

1. Residential Anti-Displacement and Relocation Assistance Plan (RADRAP) (with date of adoption shown on Plan; must be current with required components, as specified on the *Sample Residential Anti-Displacement and Relocation Plan* in the provided attachments to the CDBG application)

**OTHER**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Acquisition/Relocation attachment(s).

Attachments:

1. Authorizing Resolution to Submit CDBG Application
2. Project Need supporting documentation, and indicate if documents are attached for the Project Need topics listed and include the name(s) of the document(s), if applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| **Narrative Response 1** |  | YES | NO |
| 1. Community distress factors addressed by plan.
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Evidence of support by community stakeholders.
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Evidence of consistency with goals and objectives of recent plans
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Other relevant factors.
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  |  |  |  |
| **Narrative Response 2** |  | YES | NO |
| 1. How will funds have a positive impact on community?
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. What steps will take place at conclusion of planning activity?
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. How is community able and ready to implement project being planned?
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |

1. Planning supporting documentation
2. Statement of Assurances
3. Lobbying Certification