**STATE OF WISCONSIN**

Department of Administration

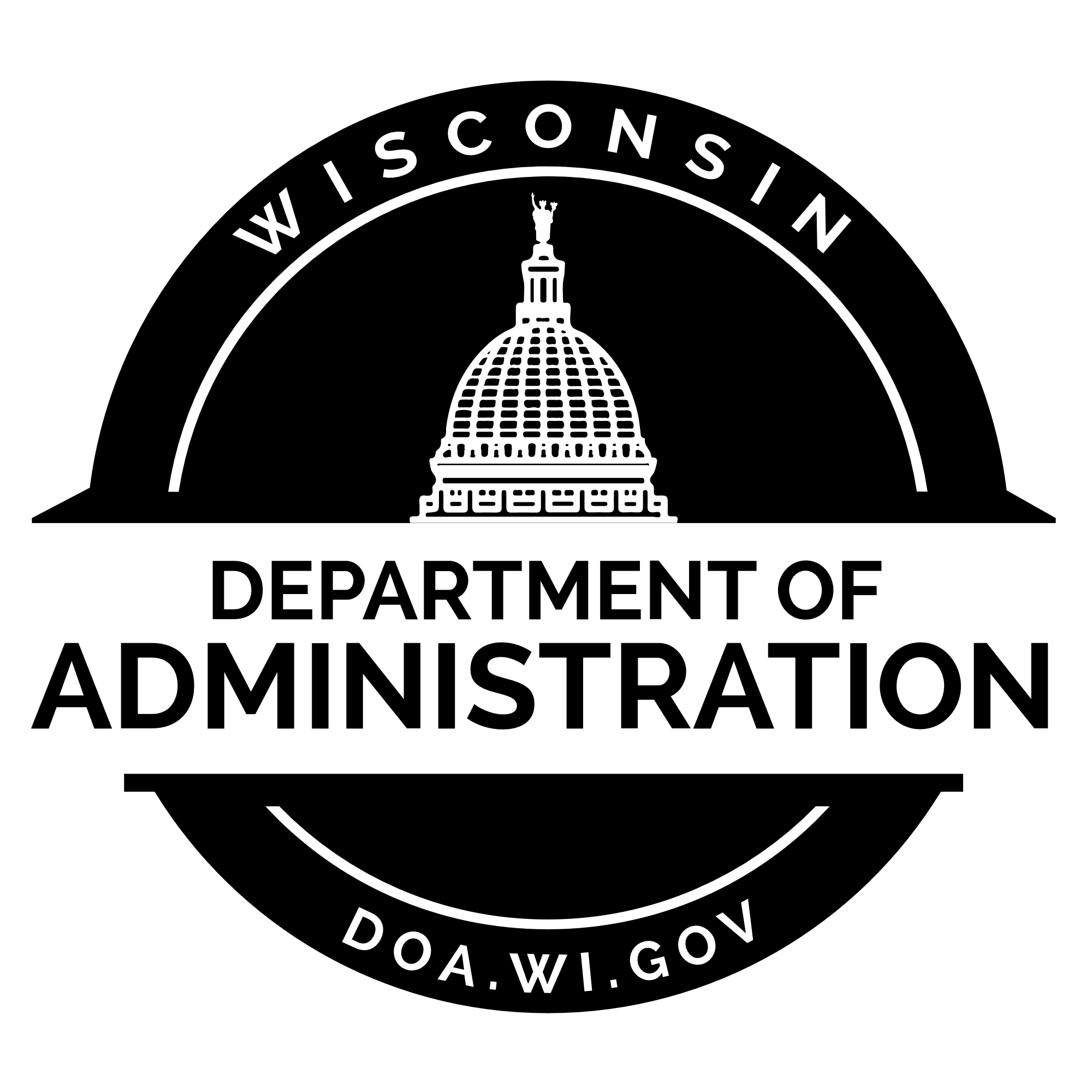
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**COMMUNITY DEVELOPMENT BLOCK GRANT -PUBLIC FACILITIES**

**(CDBG-PF)**

**2018 ANNUAL GRANT**

**APPLICATION**

****

**CDBG-PF PROGRAM CONTACT INFORMATION**

Mailing Address: Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

Bureau of Community Development

**ATTN: CDBG-PF 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*](mailto:DOADEHCRCommunityDevelopment@wisconsin.gov)

**PLEASE NOTE:**

2018 CDBG-Public Facilities 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/CDBGPublicFacilitiesProgram.aspx*.](http://www.doa.wi.gov/divisions/housing/bureau-of-community.) 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 - Public Facilities (CDBG-PF)**

**2018 Grant Application**

|  |  |  |
| --- | --- | --- |
| **PART 1 – GRANT REQUEST** | | |
| Grant Request  Amount: $ | Applicant’s Match: $ | Total Project  Cost: $ |
| 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: |
| Applicant 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 (if applicable): | | | | | | | | | 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 Applicant contracted with a third party to complete this application, please provide the contract/invoice 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 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: |
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| Did any previous CDBG award(s) monies fund part or all of the  Public Facilities (PF) 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. Acknowledge that the applicant is a non-entitlement community that does not receive CDBG funds directly from the Department of Housing and Urban Development (HUD).  2. Applicant’s *Citizen Participation Plan* is attached.  3. Documentation of the first public hearing notice, verifying that the notice was published (if required) and/or posted (if required) 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. Acknowledge that if the applicant’s project is funded, the applicant will be required to complete the environmental review process ***before*** the Unit of General Local Government begins construction and can receive grant funds.  11. If this project is funded, I/we acknowledge that professional services for grant administration will be properly procured in compliance with Federal, State, and local requirements.  12. Applicant understands that the contract for professional services is between the Applicant and the professional services provider; the State is ***not*** responsible or a part of that relationship.  13. Applicant 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. Applicant certifies it is notdebarred from receiving federal grant funds.  15. Applicant 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.** |

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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 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.)   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 municipalities )  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)  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)  Urgent Local Need  HUD’s regulation found at 24 CFR 570.483 (d) and policy guidance in meeting a National Objective states that to qualify under the Urgent Local Need Objective the project activity must alleviate conditions that meet all of the following criteria:   1. Pose a serious and immediate threat to the health or welfare of the community; and 2. Are of recent origin or which recently became urgent, meaning that the conditions developed or became critical within 18 months preceding the certification; and 3. The local government is unable to finance the activity on its own, and other sources of funding are not available to carry out the activity.   Please note: Additionally, HUD’s guide to “*Meeting a National Objective*” states planning grants are not allowed under the Urgent Local Need objective and activities designated solely to prevent a threat will not qualify. Provide justification below.  ***For Urgent Local Need, briefly explain how the activity will alleviate conditions that:***   1. Pose a serious and immediate threat to the health or welfare of the community; and 2. Are of recent origin or which recently became urgent, meaning that the conditions developed or became critical within 18 months preceding the certification; and 3. The local government is unable to finance the activity on its own, and other sources of funding are not available to carry out the activity.   (Limit your narrative to one (1) page with not less than a 11-point font.)  (Insert Text Here) |

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| **PART 5 – PROJECT NEED (0-100 Points)** |
| Using the section headings provided, concisely describe the need for the proposed project by addressing the following:   1. Current condition of the problem; 2. Frequency with which the problem occurs; 3. Number of persons and/or households affected by the problem; 4. Effect(s) of the problem if left untreated; 5. Extent to which this proposed project will alleviate the problem; and 6. Scope of work (including a detailed project area description).   Data or pertinent information that quantifies the need for the project can be included in the narrative or as an attachment to this application. Limit your narrative to two (2) pages (pages 6 and 7 of this application) with not less than a 11-point font.  **\*\*\* Additional supporting documentation for Project Need may be attached. It may not exceed 30 pages and must be titled using the *Checklist* on pages 12 and 13 of this application form. \*\*\*** |

|  |
| --- |
| **PROJECT NEED NARRATIVE (0-100 Points) - Page 1 of 2** |
| 1. **Current condition of the problem:**   (Insert Text Here.)   1. **Frequency with which the problem occurs:**   (Insert Text Here.)   1. **Number of persons and/or households affected by the problem:**   (Insert Text Here.)   1. **Effect(s) of the problem if left untreated:**   (Insert Text Here.)   1. **Extent to which this proposed CDBG-PF project will alleviate the problem:**   (Insert Text Here.)   1. **Scope of work (including detailed project area description):**   (Insert Text Here.) |

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| **PROJECT NEED NARRATIVE (0-100 Points) - Page 2 of 2** |
|  |

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| **PART 6 – COMMUNITY DISTRESS (0-70 Points)** | |
| Median Household Income (0-40 Points)  Source Data 5 yr. American Community Survey at [*www.factfinder.census.gov*](file:///C:/Users/beckwmtisy/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/5GCYPZ2N/www.factfinder.census.gov) | $ |
| Per Capita Property Value (0-15 Points)  Source Data: *https://www.revenue.wi.gov/Pages/Report/t.aspx#tvc* | $ |
| Local Property Tax Rate [Full Gross only] (0-15 Points)  Source Data: *https://www.revenue.wi.gov/Pages/Report/t.aspx#tvc* |  |

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| **PART 7 – FINANCIAL NEED (0-30 Points)** | |
| Amount of Matching Funds Committed to Project:  (This amount must be consistent with the information provided in Part I of this Application and in Part 9 *Budget and Matching Funds.*) | $ |
| If the Matching Funds amount is less than 50% of the Total Project Cost,  is a match funding waiver request letter from the UGLG’s CEO (with  explanation of and/or supporting documentation for an economic hardship)  attached?  Yes  No  N/A | |
| Funding Sources for Matching Funds Committed to Project:  General Obligation (G.O.) Debt  Revenue Bonds  Other (briefly explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| UGLG’s G. O. Debt: | |
| G.O. Debt Capacity for 2018: | $ |
| Used G.O. Debt to Date (***excluding*** *any G.O. Debt used to secure financing for the proposed CDBG Project*): | $ |
|  | |
| For Water and Sewer Projects (regardless of funding source): | |
| (Attach documentation that verifies current water/sewer rates (e.g., rate statement that is distributed to or published for customers, or similar document) and attach a worksheet showing the calculation(s) made for the total(s) for 70,000 gallons of usage, as entered below.) | |

|  |  |  |
| --- | --- | --- |
| Annual water charge calculated for a household using 70,000 **gallons** of water: | |  |
| Current residential water charge: |  | $ |
|  | | |
| Annual sewer charge calculated for a household using 70,000 **gallons** of water: | |  |
| Current residential sewer charge: |  | $ |
|  | | |

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| **PART 8 – PLANNING (0 - 10 Points)** |
| (For Planning, 0-10 Points will be awarded based the level of consistency and specificity within the UGLG’s long-range plan(s) in relation to the proposed CDBG-PF project scope, the status of plan(s), and the extent to which supporting documentation is provided to verify the information.)  Does the Applicant have a Comprehensive Plan, Community Redevelopment Plan, Capital Improvements Plan and/or other long-range plan such as a county based plan that is consistent with the proposed CDBG project scope?  Yes  No  If YES, has/have the plan(s) been formally adopted by the governing body?  Yes  No  If YES, date(s) the Plan(s) was/were adopted or most recently revised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Attach documentation).  If NO, but the Plan(s) is/are in draft form, please briefly explain why:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Briefly explain, within the space provided, how this project scope is consistent with the goals and objectives of the Plan(s) and attach the copy(ies) of the relevant section(s) of the plan(s). Label pages with the plan’s title and date. [****Do not*** *attach a copy of the entire plan(s).]*  (Insert Text Here.) |
|  |

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| PART 9 – BUDGET AND MATCHING FUNDS (0 - 40 Points) |

**APPLICANT: DATE: \_\_\_/\_ \_\_/\_\_\_\_\_**

Attach a detailed itemization of project costs (e.g., engineer’s estimate or similar itemization of costs) [required] to verify the costs listed in the Budget below and attached documentation of Matching Funds [if available].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Source(s) of Matching Funds | | |  |
| Activity | CDBG Funds | UGLG Funds | Other  Public Funds | Private Funds | Total |
| Acquisition - Land |  |  |  |  |  |
| Acquisition - Building |  |  |  |  |  |
| Building Improvements |  |  |  |  |  |
| Center/Facility Construction |  |  |  |  |  |
| Clearance - Site |  |  |  |  |  |
| Curb and Gutter |  |  |  |  |  |
| Electrical System Improvements |  |  |  |  |  |
| Environmental Remediation |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Fire Station |  |  |  |  |  |
| Relocation |  |  |  |  |  |
| Sanitary Sewer |  |  |  |  |  |
| Sidewalks |  |  |  |  |  |
| Storm Sewer |  |  |  |  |  |
| Streets |  |  |  |  |  |
| Wastewater Treatment Facility |  |  |  |  |  |
| Water |  |  |  |  |  |
| Fixtures |  |  |  |  |  |
| Furnishings |  |  |  |  |  |
| Engineering (match only) |  |  |  |  |  |
| Administration |  |  |  |  |  |
| **Sub-Total(s):** |  |  |  |  |  |
| Detailed Itemization of Project Costs is attached to this application:Yes  No | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Summarize the UGLG’s Match Funds and other Public and Private sources of Match Funds for the CDBG Project:** | | | | | | | |  |
|  |  |  |  |  | ***CHECK ALL THAT APPLY:*** | |  | ***Supporting Documentation Included?*** |
| Source: |  | Amount: $ |  | Status: | Pending | Committed | Other | Yes  No |
|  |  |  |  |  | Applied | Secured/Awarded | |  |
| Source: |  | Amount: $ |  | Status: | Pending | Committed | Other | Yes  No |
|  |  |  |  |  | Applied | Secured/Awarded | |  |
| Source: |  | Amount: $ |  | Status: | Pending | Committed | Other | Yes  No |
|  |  |  |  |  | Applied | Secured/Awarded | |  |
| Source: |  | Amount: $ |  | Status: | Pending | Committed | Other | Yes  No |
|  |  |  |  |  | Applied | Secured/Awarded | |  |

For any source with a status of “Other” provide a brief explanation (No more than a one-sentence narrative per source).

(Insert Text Here.)

Do you anticipate using CDBG funds to pay all, or part of, the Grant Administration services associated with this project?

Yes  No

If yes, were the services or will the services be competitively procured according the state and federal CDBG requirements?

Yes  No

If no, were the services or will the services be secured in compliance with the local procurement policy?

Yes  No

In the event the community is awarded a CDBG Public Facilities Grant, how would the UGLG prefer to receive funds?

Electronic Funds Transfer (EFT)  Paper Check

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PUBLIC FACILITIES APPLICATION**  **ATTACHMENTS AND SUPPORTING DOCUMENTATION CHECKLIST** | | | | |
| Topic | Documents | Required For All Apps | Included with this application submission? | |
| **YES** | **NO** |
| Citizen Participation | 1. Adopting Resolution of the Citizen Participation Plan (CPP) or Minutes from Council/Board Meeting in which the CPP was Adopted | **🗸** |  |  |
| 1. Adopted Citizen Participation Plan (*see* Part 3 *Initial Eligibility)* | **🗸** |  |  |
| 1. Citizen Participation Public Hearing Notice *(with proof of publication [if required] and/or posting [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) | **🗸** |  |  |
| Financial | 1. Detailed Itemization of Project Costs (supporting document for the Budget in Part 9 of this application) | **🗸** |  |  |
| 1. Authorizing Resolution to Commit Matching Funds *(recommended)* |  |  |  |
| 1. Proof of Match Funds Committed, Secured, Pending and/or have Other Status *(all documentation available)*   *[Proof of 100% Match Committed and Secured is required to receive maximum points for Match Score]* |  |  |  |
| 1. Match Funding Waiver Request Letter (with explanation of and/or supporting documentation for an economic hardship) *(if applicable)* |  |  |  |
| 1. Proof of Current Water/Sewer Rates *(if applicable)* |  |  |  |
| 1. Current Water/Sewer Rates Calculation Worksheet for 70,000 Gallons of Usage *(if applicable)* |  |  |  |
| Service Area/  Income Survey | 1. Map of Project Area (*with project location, type of work being completed on each street (if applicable), and Service Area/beneficiary area boundaries marked*) | **🗸** |  |  |
| 1. Demographic Profile Sheet of beneficiaries in Service Area *(must use form provided by DEHCR in the Application Attachments)* | **🗸** |  |  |
| 1. LMI Calculation Worksheet for Beneficiaries Residing in Multiple Census Blocks or Multiple Local Municipalities (*if applicable*) |  |  |  |
| 1. Map of Boundaries of Census Block(s) that make(s) up Service Area *(if applicable)* |  |  |  |
| 1. Map of Income Survey Area (with survey area boundaries marked; residences surveyed marked; 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. 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. Adopting Resolution of the Fair Housing Ordinance or Minutes from Council/Board Meeting in which the Fair Housing Ordinance was Adopted | **🗸** |  |  |
| 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 | **🗸** |  |  |
| 1. Acquisition/Relocation/Demolition Questionnaire | **🗸** |  |  |
| Other | 1. Authorizing Resolution to Submit CDBG Application | **🗸** |  |  |
| 1. Project Need Supporting Documentation |  |  |  |
| 1. Planning supporting documentation *(e.g. relevant sections from adopted comprehensive plan, community redevelopment plan, etc.)* |  |  |  |
| 1. Statement of Assurances | **🗸** |  |  |
| 1. Lobbying Certification | **🗸** |  |  |
| 1. Resolution Adopting Policy for Non-Violent Civil Rights Demonstrations/Prohibiting the Use of Excessive Force | **🗸** |  |  |
| 1. Search record from [*www.sam.gov*](http://www.sam.gov) verifying the UGLG is not on the federal debarment list | **🗸** |  |  |

Fillable forms and sample documents can be found electronically on the Bureau of Community Development Website at*:* [*https://doa.wi.gov/Pages/LocalGovtsGrants/CDBGPublicFacilitiesProgram.aspx*](https://doa.wi.gov/Pages/LocalGovtsGrants/CDBGPublicFacilitiesProgram.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. Adopting Resolution of the Citizen Participation Plan (CPP) or Minutes from Council/Board Meeting in which CPP was Adopted
2. Adopted Citizen Participation Plan (include date adopted)
3. Citizen Participation Public Hearing Notice (with proof of publication [if required] and/or posting [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)
4. Citizen Participation Public Hearing Certification Form
5. Public Hearing Meeting Minutes with Attendees Listed in Minutes or separate Sign-In Sheet Provided

**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. Detailed Itemization of Project Costs (e.g., engineer’s estimate or similar itemization of costs to verify the costs listed in the Budget in Part 9 of this application)
2. Authorizing Resolution to Commit Matching Funds (recommended)
3. Proof of Match Funds Secured, Committed, Pending and/or have Other Status (all documentation available) *[Proof of 100% Match Committed and Secured is required to receive maximum points for Match Score]*
4. Match Funding Waiver Request Letter (with explanation of and/or supporting documentation for an economic hardship), if applicable
5. Proof of Current Water/Sewer Rates (e.g. rate statement(s) distributed to or published for customers, or similar document), if applicable
6. Current Water/Sewer Rates Calculation Worksheet for 70,000 Gallons of Usage, 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 project location, types of work being completed on each street (if applicable), and boundaries of Service Area/beneficiary area boundaries marked]
2. Demographic Profile Sheet of beneficiaries in Service Area [must use form provided by DEHCR in Application Attachments]
3. LMI Calculation Worksheet for Beneficiaries Residing in Multiple Census Blocks or Multiple Local Municipalities, if applicable
4. Map of Boundaries of Census Block(s) that make(s) up Service Area, if applicable
5. Map of Income Survey Area [with survey area boundaries marked; residences surveyed marked; and responding, non-responding and vacant residences marked or provided on a separate sheet], 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 the Income Survey, if applicable
9. Income Survey Letter and/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
2. Adopting Resolution of the Fair Housing Ordinance or Minutes from Council/Board Meeting in which Fair Housing Ordinance was Adopted
3. Fair Housing 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
2. Acquisition/Relocation/Demolition Questionnaire

**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 what/which document(s) further quantify the:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | YES | NO |
| 1. Current Condition of the Problem? | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  | d. |  |  |  |
|  | e. |  |  |  |
| 1. Frequency with which the Problem Occurs? | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  | d. |  |  |  |
|  | e. |  |  |  |
| 1. Effect(s) of the Problem If Left Untreated? | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  | d. |  |  |  |
|  | e. |  |  |  |
| 1. Extent to which this Proposed CDBG-PF Project will Alleviate the Problem? | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
|  | d. |  |  |  |
|  | e. |  |  |  |

1. Planning supporting documentation
2. Statement of Assurances
3. Lobbying Certification
4. Resolution Adopting Policy for Non-Violent Civil Rights Demonstrations/Prohibiting the Use of Excessive Force
5. Search record from [*www.sam.gov*](http://www.sam.gov) verifying the UGLG is not on the federal debarment list