**STATE OF WISCONSIN**

Department of Administration

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**Community Development Block Grant –**

**Disaster Recovery (CDBG- DR)**

****

**Grant Application**

 **1/6/2021**



**CDBG- DR PROGRAM CONTACT INFORMATION**

 Questions regarding the program or application can be directed to the email address provided below.

State CDBG-DR funds are available to counties and local units of government located in Adams, Columbia, Crawford, Dane, Dodge, Fond du Lac, Green Lake, Iron, Jefferson, Juneau, La Crosse, Marquette, Monroe, Ozaukee, Richland, Sauk, Vernon, and Washington Counties.

**Do not mail applications. Applications will only be accepted via email to the address below.**

**Applications are due by 4 PM on March 12, 2021 to the email address below.**

Telephone: David Pawlisch, Director

Bureau of Community Development

(608) 333-8047

Email: doabcd@wisconsin.gov

**PLEASE NOTE:**

CDBG- DR 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/AboutDOA/CDBG_Disaster-Recovery.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**

**Disaster Recovery (CDBG- DR)**

**Grant Application**

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| **PART 1 - GRANT REQUEST** |
| Grant Request Amount:  $  | Other Funding, if applicable: $  | Total Project Cost: $  |
| 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:  |
| **Chief Elected** **Official’s Signature:**  | Date:  |
|  |
| **Application Contact**  |
| Name:  | Title:  |
| Firm/Company/Entity:  |
| Mailing Address:  |
| City:  | State:  | Zip:  |
| Phone: ( ) \_\_\_ – \_\_\_\_\_\_ | Fax: ( ) \_\_\_ – \_\_\_\_\_\_ | E-Mail:  |

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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. UGLG’s adopted *Citizen Participation Plan* is attached. **[ ]**  **[ ]**  2. 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 [which must be at least 2 weeks (14 days) notice or the equivalent of a Class 2 Notice] in accordance with the UGLG’s *Citizen Participation Plan* in effect on the date of the first notice is attached. **[ ]**  **[ ]**  3. *Citizen Participation Public Hearing Certification* is attached.  **[ ]**  **[ ]**  4. Public Hearing Meeting Minutes [with attendees listed in the Minutes or on separate sign-in sheet(s) provided] are attached. **[ ]**  **[ ]**  5. *Authorizing Resolution to Submit CDBG Application* is attached.  **[ ]**  **[ ]**  6. *Statement of Assurances* is attached. **[ ]**  **[ ]**  7. *Lobbying Certification* is attached.  **[ ]**  **[ ]**  8. *Potential Fair Housing Actions* checklist is attached. **[ ]**  **[ ]**  9. 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.  **[ ]**  **[ ]**  10. The UGLG acknowledges that if this project is funded, Professional Services for Grant Administration will be properly procured in compliance with Federal, State, and local requirements. **[ ]**  **[ ]**  11. 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. **[ ]**  **[ ]**  12. 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. **[ ]**  **[ ]**  13. The UGLG certifies it is not debarred from receiving federal grant funds.  **[ ]**  **[ ]**  14. 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.** *Contact the Bureau of Community Development if any answer in this section is “No.”* |

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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(s) was/were 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 communities)**[ ]**  Area Benefit using HUD Census Block LMI Summary Data (only for projects with a service area that is coterminous with one or more census blocks)**[ ]**  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 (LMC) - HUD presumed group(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or if based on nature of project and location, provide justification below, and attach map detailing supporting information for service area**)** *Nature of Project Justification (if applicable):* \_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_**[ ]**  Low Mod Housing Activities (LMH). Projects and activities that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by LMI household. Rental housing units with three or more units must have at least 51 percent occupied by LMI households and affordable rents as published by HUD Fair Market Rents.**[ ]**  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 (ULN)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.**Provide the justification for Urgent Local Need (ULN) on the next page.**  |

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| ***For Limited Clientele, briefly explain how the project:***1. *Exclusively* benefits persons in one or more Limited Clientele groups that are generally presumed by HUD to be principally Low- and Moderate-Income (LMI) persons *(refer to page 3-14 at* [*https://www.hud.gov/sites/documents/DOC\_17134.PDF*](https://www.hud.gov/sites/documents/DOC_17134.PDF) *for the list of the Limited Clientele groups)*; or
2. Supports an activity that requires information on family size and income so that it is evident that at least 51.0% of the clientele are persons whose family income does not exceed the LMI limit; or
3. Supports an activity of such a nature and in such a location that it may reasonably be concluded that the activity’s clientele will primarily be LMI persons; or
4. Will remove material or architectural barriers to mobility or accessibility of elderly persons or of adults meeting the Bureau of Census’ Current Population Reports definition of “severely disabled” for an *existing* public facility.

*(Limit the narrative to this page with not less than 11-point font.)*(Insert Text Here.)***For Urgent Local Need (ULN), 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 the narrative to this page with not less than 11-point font.)*(Insert Text Here.) |

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| **PART 5 – PROJECT DESCRIPTION NARRATIVE (2 Pages Max.)** |
| Refer to the Evaluation portion of the Notice of Funding Availability (NOFA) at <https://doa.wi.gov/DECHR/NOFA%20CDBG%20DR.pdf>. Respond to the following statements in the area provided below. 2 pages maximum.1. Unmet Need (35 Points)- Quantify and document the unmet need in the identified project area. Must demonstrate and document the need arose from the disaster event occurring August 17 thru September 14, 2018:

(Insert Text Here.)1. Scale and Impact (25 points)- Extent to which the application activities will directly address unmet need:

(Insert Text Here.)1. Project Readiness (25 points)- Extent to which applicants have completed pre-project planning activities and are “shovel ready”. Identify and document commitments of partners such as housing developers, providers (ex. CAP agency or housing authority), and homebuyers:

(Insert Text Here.)1. Capacity to Deliver (20 points)- Applicant’s and partner’s demonstrated ability to deliver services and perform activities, while also complying with CDBG requirements:

(Insert Text Here.)   |
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| PART 6 – CDBG- DR PROJECT BUDGET |

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

**Check ALL that apply (by double-clicking on the box and selecting the “Checked” option) and include the applicable documents (see below) with the “Financial Attachments” section of this application:**

[ ]  ***CDBG-DR Project Budget Form*** *(Required)* – Check box to acknowledge this required form is included in the attachments for *Part 6*.

[ ]  **Detailed project budget with itemized costs** *(Required)* – Check the box to acknowledge this required documentation is included in the attachments for *Part 6*. A detailed itemization of project costs (e.g., engineer’s estimate or similar itemization of costs) must be attached and should be reconcilable with the total costs of the project and costs for each activity listed in the *CDBG-DR Project Budget Form*.

[ ]  **Matching Funds documentation**– Check the box if match funding supporting documentation is included in the attachments for *Part 6*. If the total project costs will exceed the amount available in CDBG- DR funds and the UGLG will be covering the remaining costs with Matching Funds, the UGLG is advised to include a *Resolution to Commit Matching Funds* (recommended)to demonstrate the UGLG’s commitment to contribute Matching Funds for the costs exceeding the CDBG-DR funds available for the project; and provide all relevant documentation available at the time of application to verify the Matching Funds amounts and sources listed as Applied, Pending, Committed, Secured/Awarded, and/or having Other status on the *CDBG-DR Project Budget Form*.

**Professional Services Information:**

 [ ]  Yes [ ]  No Will CDBG funds be used to pay (in whole or in part) costs for any professional services associated with this project?

**Important Notice:**

*If any professional services are funded with CDBG, then they must be competitively procured in accordance with state and federal CDBG requirements, in addition to meeting the municipality’s local procurement policies.*

*If the professional services will be funded solely with match funds, then the services must be secured in accordance with the municipality’s local procurement policies.*

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|  **CDBG DISTASTER RECOVERY 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 (CPP)
 | **🗸** | [ ]   |  |
| 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 [which must be at least 2 weeks (14 days) notice* ***or*** *the equivalent of a Class 2 Notice] in accordance with the UGLG’s CPP in effect on the date of the first 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 Enforcing State & Local Laws Prohibiting Physically Barring Entrances/Exits
 | **🗸** | [ ]   |  |
| Financial | 1. CDBG- DR Project Budget Form *(attachment for Part 6 of this application)*
 | **🗸** | [ ]   |  |
| 1. Detailed Itemization of Project Costs *(including applicable supporting documentation, for Part 6 of this application and the CDBG- DR Project Budget Form)*
 | **🗸** | [ ]   |  |
| 1. Matching Funds Documentation *(if applicable)*
 |  | [ ]   | [ ]  |
| Project Area / Service Area  | 1. Map(s) of Project Area (nature and location(s) of project activities)
 | **🗸** | [ ]   |  |
| 1. Service Area Demographic Profile Form
 | **🗸** |  |  |
| 1. Map(s) of Service Area (location(s) of where primary beneficiaries live)
 | **🗸** | [ ]   |  |
| 1. Map(s) of Utility Service in Project Area & Service Area *(if applicable)*
 |  | [ ]   | [ ]  |
|  | 1. LMI Calculation Worksheet (Form 8 of Income Survey Data Forms document), 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)*
 |  | [ ]   | [ ]  |
| Income Survey | 1. Income Survey Certification Letter from DEHCR *(if applicable; and if received certification of survey results from DEHCR prior to application)*
 |  | [ ]   | [ ]  |
| 1. Income Survey Packet [including Income Survey Data Forms] *(if applicable; and if did not receive certification of survey results from DEHCR prior to application)*
 |  | [ ]   | [ ]  |
| Limited Clientele | 1. Letter from Limited Clientele Facility/Program *(if applicable)*
 |  | [ ]   | [ ]  |
| 1. Income Limits Used by Limited Clientele Facility/Program *(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)
 | **🗸** | [ ]   |  |
| 1. Acquisition/Relocation/Demolition Questionnaire
 | **🗸** | [ ]   |  |
| Developer Experience- LMH Only | 1. Commitment letter from developer with financial pro forma
 |  | [ ]   |  |
| 1. Developer Experience Form
 |  | [ ]   |  |
| 1. Unit Data
 |  | [ ]  |  |
| 1. Project Timeline
 |  | [ ]  |  |
| Other | 1. Authorizing Resolution to Submit CDBG- DR Application
 | **🗸** | [ ]   |  |
| 1. Project Narrative Supporting Documentation
 |  | [ ]   | [ ]  |
| 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/AboutDOA/CDBG_Disaster-Recovery.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) – **Required for ALL applicants**
2. Citizen Participation Public Hearing Notice (with proof of publication [if required by CPP] and/or clerk’s certification of posting dates and locations [if required by CPP]; and proof of adequate advance notice given [which must be at least 2 weeks (14 days) notice ***or*** the equivalent of a Class 2 Notice] in accordance with the UGLG’s CPP if effect on the date of the first notice) – **Required for ALL applicants**
3. Citizen Participation Public Hearing Certification Form – **Required for ALL applicants**
4. Public Hearing Meeting Minutes (with the attendees listed in the Minutes or on a separate Sign-In Sheet provided) – **Required for ALL applicants**
5. Policy for Non-Violent Civil Rights Demonstrations – Prohibiting the Use of Excessive Force and Enforcing State and Local Laws Prohibiting Physically Barring Entrances/Exits (with date of adoption/approval shown on policy and with required language) – **Required for ALL applicants**

**FINANCIAL**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attachments:

1. CDBG-DR Project Budget Form (attachment for *Part 6: CDBG- DR Project Budget* of this application) – **Required for ALL applicants**
2. Detailed Itemization of Project Costs (including applicable supporting documentation, for *Part 6* of this application and the *CDBG- DR Project Budget Form*; e.g., engineer’s estimate or similar itemization of costs to verify the costs listed in the Budget) – **Required for ALL applicants**
3. Matching Funds Documentation –**Recommended if applicant will be contributing Matching Funds to the project** *[If the total project budget exceeds the applicant’s CDBG- DR funding amount available, then proof of Matching Funds being secured and committed to the CDBG project is required prior to execution of a CDBG Grant Agreement to verify the total project costs are fully funded.]*

**PROJECT AREA / SERVICE AREA**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attachments:

1. Map(s) of Project Area (clearly showing project activity location(s) and nature/type of work being completed) – **Required for *all* applicants**
	1. Show the locations of the water/sewer mains, streets and/or other utilities to be improved where applicable
	2. Show the location(s) of the buildings or other facilities being built and/or improved where applicable
2. Demographic Profile Sheet of beneficiaries in Service Area [must use form provided by DEHCR in Application Attachments] **– required for *all* applicants**
3. Map(s) of Service Area (clearly showing the location of the beneficiaries, including the boundaries of the area in which the primary beneficiaries of the project reside, in relation to the project area boundaries) – **Required for *all* applicants**
	1. Show borders of the municipality if project will have community-wide benefit
	2. Show census block group/tract boundaries if HUD LMISD for census block groups/tracts are used to qualify the project
4. Map(s) of Utility Services in the Service Area (showing the water/sewer system components, mains, and connections)–**Required only for water and/or sanitary sewer projects**
5. LMI Calculation Worksheet (*Form 8* of the *Income Survey Data Forms* document) – **Required only if HUD LMI Summary Data (LMISD) for multiple census blocks or multiple local municipalities were used to calculate LMI percentage for the Service Area; or if a combination of HUD LMISD and income survey data were used to calculate LMI percentage for the Service Area]**

**INCOME SURVEY**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attachments:

1. Income Survey Certification Letter from DEHCR – **Required only for applicants using income survey data to qualify the project *and* received an Income Survey Certification Letter from DEHCR for the Service Area survey results prior to submitting the CDBG Application *and* received certification of survey results from DEHCR prior to application** *[Submit Certification Letter in lieu of Income Survey Packet*]
2. *Income Survey Packet* [including *Income Survey Data Forms*] – **Required only for applicants using income survey data to qualify the project *and* *did not* receive certification of survey results from DEHCR prior to application** *[Submit the complete Income Survey Packet with the CDBG application paper or PDF copy and submit the Income Survey Data Forms document in Microsoft Excel via email to* *DOACDBG@wisconsin.gov**]*

**LIMITED CLIENTELE**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attachments:

1. Letter from Limited Clientele Facility/Program – **Required only for applicants with a project that will meet the LMI National Objective through *exclusively* benefitting an *existing* public facility/program that *exclusively* serves persons in one or more Limited Clientele groups**
2. Income Limits Used by Limited Clientele Facility/Program – **Required only for applicants with a project that will meet the LMI National Objective through *exclusively* benefitting an *existing* public facility/program that *exclusively* serves persons in one or more Limited Clientele groups *and* those persons are receiving housing or services at the facility/program contingent upon low-income-based qualification**

**FAIR HOUSING**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attachments:

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

**SLUM & BLIGHT**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

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**

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) – **Required for ALL applicants**
2. Acquisition/Relocation/Demolition Questionnaire – **Required for ALL applicants**

**DEVELOPER EXPERIENCE-**

**Low- and Moderate-Income Housing (LMH) Only**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attachments:

1. Commitment letter from developer for proposed project and developer’s financial pro forma
2. Developer Experience Form (below)
3. Project Timeline (attached)
4. Unit Data (attached)

**This form is only required for projects and activities that meet the National Objective of LMH. Projects and/or activities** **that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by LMI household must complete this form. THIS FORM AND THE ATTACHMENTS ARE NOT REQUIRED FOR OWNER OCCUPIED RESIDENTIAL ACQUISITION AND RELOCATION OR REHABILITATION.**

Complete the information below for each development your organization has carried out within the last **five** years.

Attach additional copies of this form as needed.

|  |  |
| --- | --- |
| Development Name: | Developer Contact Name: |
| Address: | Email: | Phone: |
| Number of years of experience in the development of affordable housing: |
| Development Types:[ ]  New Construction [ ]  Rehabilitation [ ]  Acquisition/Rehabilitation | Type of Subsidy (check all that apply):[ ]  LIHTC [ ]  HOME [ ]  AHP [ ]  USDA-RD [ ]  NONE [ ]  OTHER: |
| Development Lender: | Contact (name and phone): |
| Equity Provider: | Contact (name and phone): |
| Is Permanent Financing in Place? [ ]  Yes [ ]  No | Have you had to make capital contributions? [ ]  Yes [ ]  No |
| Total Number of Units: Number of Low-Income Units: | DCR: |
| Placed-in-Service Date: | Physical and Economic Occupancy Percentages for the Last Two Years:Year Economic Physical   |
| Number of Months in Lease-Up: |
| Has the development ever had a financial audit performed? [ ]  Yes [ ]  NoIf yes, in what year? | If an audit has been performed, has the audit been qualified based on the development’s ability to remain a going concern? [ ]  Yes [ ]  No |

**CDBG HOUSING UNIT**

**PROJECT TIMELINE**

This document applies to the proposed project utilizing CDBG-DR funds in whole or in part.

Fill in completed or anticipated dates or N/A for all development tasks listed below.

**START-UP DATES**

|  |  |
| --- | --- |
| PROJECT START-UP | Date completed or anticipated |
| Purchase Contract/Option |       |
| Site Acquisition |       |
| Zoning/Permits |       |
| Site Analysis |       |
| Initial Drawings |       |
| Complete Plans/ Specifications |       |

**DEVELOPMENT DATES**

|  |  |  |
| --- | --- | --- |
| DEVELOPMENT | Start Date | Completion Date |
| Closing |       |       |
| Construction |       |       |
| Marketing |       |       |
| Occupancy/Rent Up |       |       |

**CDBG**

**UNIT DATA**

**AFFORDABILITY**

***UNIT REQUIREMENTS MULTI-FAMILY PROPERTIES***

The CDBG Program Guidelines and restrictions stipulated by HUD regulations include rent and income limits. HUD annually publishes fair market rent limits, as well as income limits per county or Metropolitan Statistical Area. The HUD published or calculated rent limits are defined to include unit rent and utilities.

Rental units that consist of 3 or more units must ensure that at least 51% of the units are rented to households with incomes at or below 80% of the County Median Income (CMI) and rents for those units must be at or below the HUD published Fair Market Rent for that area. The income and rent limits are required for a period of no less than five years.

Multi-family rental unit affordability periods are as follows:

New construction 8 or more units: 20 years

New construction 3-7 units: 5 years

Reconstruction or rehabilitation 5 or more unit: 15 years

Reconstruction or rehabilitation 3-4 or fewer units: 5 years

Multi-family properties are secured with a deed restriction and mortgage for the term of the affordability period.

***UNIT REQUIREMENTS SINGLE-FAMILY PROPERTIES***

Single family new construction and reconstruction units will have an affordability period of five years. All single- family units must be sold to and occupied by households with incomes at or below 80% of the County Median Income (CMI).The affordability period for single family units is five years and will be secured by a forgivable mortgage or deed restriction.

Household income limits are published annually on the HUD EXCHANGE.

[Income Limits | HUD USER](https://www.huduser.gov/portal/datasets/il.html)

Fair Market Rents are published annually on the HUD EXCHANGE.

[HOME Rent Limits - HUD Exchange](https://www.hudexchange.info/programs/home/home-rent-limits/?filter_Year=&filter_Scope=State&filter_State=WI&program=HOME&group=RentLimits)

**CDBG**

**UNIT DATA**

This document applies to the proposed project utilizing CDBG-DR funds in whole or in part. Only 51% of the total units must be available to households with incomes at or below 80% of the CMI. However, please enter the number of units that will be available to each CMI income category.

**Total number of units:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CDBG Units Below 30% CMI** | **CDBG Units 31%-50% CMI** | **CDBG Units 51%-80% CMI** | **All Other Units** |
| Unit Size # of bedrooms | # of Units | Expected Rent | # of Units | Expected Rent | # of Units | Expected Rent | # of Units | Expected Rent |
| 0 |     |  |     |  |  |  |  |  |
| 1 |     |  |     |  |  |  |  |  |
| 2 |     |  |     |  |  |  |  |  |
| 3 |     |  |     |  |  |  |  |  |
| 4 |     |  |     |  |  |  |  |  |
|      |      |  |      |  |  |  |  |  |
| **TOTALS** |     |  |  |     |  |  |  |  |

**CDBG**

**UNIT DATA**

This document applies to the proposed project utilizing CDBG-DR funds in whole or in part.

**Special Populations to be Served** (if applicable)

|  |  |
| --- | --- |
| IdentifiedPopulations | Total Number of Units |
| Frail Elderly |    |
| Persons with a Disability (specify) |    |
| Veterans |    |
| Homeless |    |
| Large Families (4+ Persons) |    |
| Other (specify) |    |

**Equipment to be Included in Each Unit**

[ ]  Stove/frig [ ]  Attached Garage [ ]  Disposal

[ ]  Air Conditioning [ ]  Microwave [ ]  Dishwasher

[ ]  Window Treatments [ ]  Washer/Dryer [ ]  Laundry Facilities

[ ]  Patio/Balcony [ ]  Separate Entrances [ ]  Other

**Commercial Space**

Will there be commercial facilities/space?

[ ]  Yes  [ ]  No

If yes, describe:

Identify source of funds used to pay for this space:

**Parking on Site**

[ ]  Yes [ ]  No [ ]  Included or [ ]  Optional

[ ] Garages or [ ]  Spaces # of spaces:

**Recreational/Common Facilities on Site**

[ ]  Yes [ ]  No

Describe:

**Describe community linkages** (e.g., proximity to public transportation, shopping, etc.)

**OTHER**

**ATTACHMENTS AND SUPPORTING DOCUMENTATION**

Attachments:

1. Authorizing Resolution to Submit the CDBG- DR Application – **Required for ALL applicants**
2. Project Description Narrative supporting documentation, and indicate if documents are attached for the topics listed and include the name(s) of the document(s), if applicable:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | YES | NO |
| 1. Unmet Need
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Scale and Impact
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Project Readiness
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Capacity to Deliver
 |[ ] [ ]
| If yes, identify each corresponding document in the order attached: |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |

1. Statement of Assurances – **Required for ALL applicants**
2. Lobbying Certification – **Required for ALL applicants**