**STATE OF WISCONSIN**

Department of Administration

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**Community Development Block Grant CLOSE –**

**Public Facilities (CDBG CL-PF)**

**Grant Application**

**Revised 04/17/2019**



**CDBG CL-PF PROGRAM CONTACT INFORMATION**

Mailing Address: Wisconsin Department of Administration

Division of Energy, Housing and Community Resources

Bureau of Community Development

**ATTN: CDBG CL-PF Applications**

101 E. Wilson St., 6th Floor

P.O. Box 7970

Madison, WI 53707-7970

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Bureau of Community Development

(608) 261-7538

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**PLEASE NOTE:**

CDBG CL-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/CDBGCLOSE.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 CLOSE**

**Public Facilities (CDBG CL-PF)**

**Grant Application**

|  |  |  |
| --- | --- | --- |
| **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): \_\_\_\_ / \_\_\_\_ | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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’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. 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 adopted *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 this project is funded, Professional Services for Grant Administration 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.**  *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 - 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 a completed Slum and Blight Certification Form and supporting documents including a map of service area)  Spot Basis (Attach a completed Slum and Blight Certification Form and supporting documents including a 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.  (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.   (ULN Justification: Limit your narrative to one (1) page with not less than 11-point font.)  (Insert Text Here.) |

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| **PART 5 – PROJECT DESCRIPTION NARRATIVE (2 Pages Max.)** |
| 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 CL-PF project will address the problem:   (Insert Text Here.)   1. Scope of work:   (Insert Text Here.)   1. Extent to which CDBG Close funding is needed to complete the project:   (Insert Text Here.) |

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| PART 6 – BUDGET AND OTHER MATCHING FUNDS |

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

**Required:** Attach a detailed itemization of project costs (e.g., engineer’s estimate or similar itemization of costs) to verify the costs listed in the Budget below. Attach documentation of Matching Funds, if available.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity | CDBG Close Funds | Source(s) of Other Matching Funds | | | Total |
| UGLG Funds | Other Public Funds | Private Funds |
| 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 | |  |

*\*Report only other 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.*

Provide a brief explanation for any funding source with an “Other” status: *(No more than a one-sentence narrative per source.)*

(Insert Text Here.)

Do you anticipate using CDBG Close funds to pay for any Grant Administration services associated with this project?

Yes  No

If yes, were the services (or will the services be) competitively procured in compliance with 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PUBLIC FACILITIES 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 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. Detailed Itemization of Project Costs *(including applicable supporting documentation for the Budget in Part 6 of this application)* | **🗸** |  |  |
| 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 of Census Block(s) that make(s) up the 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 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 the Income Survey Guide)* |  |  |  |
| 1. Income Survey Results Race/Ethnicity Tabulation Form *(if applicable: see Appendix C in the Income Survey Guide)* |  |  |  |
| 1. Income Survey Form used to conduct the Income Survey *(if applicable)* |  |  |  |
| 1. List of street addresses of service area/survey area **including** the associated mailing address(es), if different than street address(es) and the mailing address(es) was/were used to distribute the income survey(s) *(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) | **🗸** |  |  |
| 1. Acquisition/Relocation/Demolition Questionnaire | **🗸** |  |  |
| Other | 1. Authorizing Resolution to Submit CDBG Close 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/CDBGCLOSE.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] 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) – **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 Barring of Entrances/Exits (with date of adoption/approval shown on policy and with required language) – **Required for ALL applicants**

**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).

Attachment(s):

1. Detailed Itemization of Project Costs (including applicable supporting documentation for the Budget in Part 6 of this application; e.g., engineer’s estimate or similar itemization of costs to verify the costs listed in the Budget) – **Required for ALL applicants**

**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] – **Required for ALL applicants**
2. Demographic Profile Sheet of beneficiaries in Service Area [must use form provided by DEHCR in Application Attachments]– **Required 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 the Service Area; or if a combination of HUD LMISD and income survey data were used to calculate LMI percentage for the Service Area]
4. Map of Boundaries of Census Block(s) that make up the Service Area, if applicable
5. Map of Income Survey Area [with survey area boundaries marked; surveyed residences marked; and responding, non-responding, and vacant residences marked or addresses listed 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. List of addresses in the Service Area/Survey Area, if applicable [including the residential street address locations and associated mailing address(es) used to distribute surveys if the residence/street addresses and mailing addresses differed]
10. List of other contact information associated with the addresses of residents surveyed, if applicable [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.)]
11. List(s) of survey numbers for surveys distributed/conducted with the response data tracking for each, if applicable [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]
12. 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 (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**

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).

Attachment(s):

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**

**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 the CDBG Close 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. Current condition of the problem | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Frequency with which the problem occurs | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Number of persons and/or households affected by the problem | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Effect(s) of the problem if left untreated | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Extent to which this proposed project will address the problem | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Scope of work | | |  |  |
| If yes, identify each corresponding document in the order attached: | | |  |  |
|  | a. |  |  |  |
|  | b. |  |  |  |
|  | c. |  |  |  |
| 1. Extent to which CDBG Close funding is needed to complete the project | | |  |  |
| 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**