

# APPLICATION

Community Development Block Grant Program

Allocation Years

**2009-2010**

**2008-2009 & 2009-2010**

Allocation Type:

**General Allocation**

**Colonias Allocation**



**STATE OF CALIFORNIA**  
**Department of Housing and Community Development**  
**Division of Financial Assistance**  
**Community and Economic Development Section**  
**Community Development Block Grant Program (CDBG)**  
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**STATE OF CALIFORNIA**

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Business, Transportation and Housing Agency

**Dale E. Bonner, Secretary**

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- Appendix H: Census Tables and Calculations  
**(Including special instructions for Counties)**
- Appendix I: Sample Resolution of the Governing Body

# INTRODUCTION

## 1. CONTENTS OF APPLICATION

The Application is divided into the following five major sections:

- Introduction
- Getting Ready
- General Application Instructions and Forms
- Activity-Specific Instructions and Forms
- Appendices

## 2. TIMELINES

### A. Key Dates:

NOFA & Application release:	April 30, 2009
Application Workshops:	May/June 2009
CDBG Compliance of Housing Element:	June 26, 2009
Applications due to HCD by 5:00 p.m.:	July 14, 2009
Awards Announced	October 2009

### B. Application Submittal Deadline:

- 1) Applications must be received by the Department by 5 p.m. on July 14, 2009.
- 2) Late applications will not be considered for funding.
- 3) Tele-faxed or e-mail transmitted applications will not be accepted.
- 4) The Department will conduct a preliminary review of each application to determine whether the application meets all of the threshold criteria. Applications that meet all of the threshold criteria will be eligible to be rated and ranked.
- 5) After the application due date, the Department will not consider unsolicited information from an applicant. However, the Department may contact an applicant to clarify an item in the application. Applicants should note that the Department will not seek clarification of items or responses that improve the substantive quality of the applicant's response to any eligibility or selection criterion.

Applications received by the Department after 5 P.M., July 14, 2009, will not be accepted and will be returned to the jurisdiction regardless of the date of postmark/ mailing.

## INTRODUCTION

### 3. INSTRUCTIONS FOR SUBMITTING AN APPLICATION

**A. Required Number of Complete Applications: Two (2)**

- 1) One complete original set (with original signatures, in blue ink) of the entire application and all attachments.
- 2) One copy of the entire application and all attachments.
- 3) One additional copy of the authorizing Resolution for the submittal of the application (place in the front pocket of the original application set).

**B. Packaging:**

- 1) Place each copy of the application and attachments in an appropriate-sized, 3-ring, loose-leaf binder.
- 2) Place an identifying label on both the cover and the spine of the loose-leaf binder.
- 3) Clearly label the "Original" and the "Copy".
- 4) Paginate every page (except tabs).
- 5) Use tabbed pages or other clearly-marked separating devices to mark attachments. Do not use adhesive stickers or flags; these devices are easily misplaced or lost.

**C. Before Submitting the Application:**

- 1) Check each copy of the application for completeness.
- 2) Make sure all attachments are included.
- 3) Ensure that all pages (including attachments) are numbered consecutively.
- 4) Ensure that all tabs or separating devices, including the ones marking the attachments, clearly indicate the appropriate section of the application.
- 5) Ensure that the Original application contains all original signatures on the appropriate forms and that they are signed in blue ink.
- 6) If mailing the application, please use a postal tracking service and retain the mailing receipt for your records.

**D. Application Submittal:**

**Mailing Address:**

State Community Development Block Grant Program  
Department of Housing and Community Development  
P. O. Box 952054, MS 330  
Sacramento, CA 94252-2054

**Street Address:**

*Same*  
*Same*  
1800 3rd Street, Suite 330  
Sacramento, CA 95811

## GETTING READY

### 4. PROCESS AND CHANGES

#### A. How to Proceed:

- 1) Review the NOFA and the Application Package carefully; there have been substantial changes to both documents from prior years. Contact a CDBG Program Representative for further assistance if needed.
- 2) Select the category of activity you wish to propose. For a detailed description of activities, please refer to:  
[http://www.hud.gov/offices/cpd/systems/idis/library/refmanual/ref\\_man\\_b.pdf](http://www.hud.gov/offices/cpd/systems/idis/library/refmanual/ref_man_b.pdf)  
**Review the Threshold Requirements to determine if you are eligible to apply to CDBG.**
- 3) You may apply for more than one activity. Refer to the NOFA (page 5) for instructions on the number and type of allowable activities per application and for limits on amounts per activity.
- 4) Conduct all applicable public hearings. Refer to the NOFA (Appendices D and E) for requirements and samples. The application approval/submittal must be documented with a resolution by the governing body.
- 5) Complete the appropriate activity sections of the application. Please review the Instructions before filling out any activity forms. Contact a CDBG Program Representative if you have any questions.
- 6) Complete the Application Table of Contents and Application Summary.
- 7) Review the application and each activity to be sure you have included all the required forms and necessary documentation.
- 8) For jurisdictions procuring program operators, ensure the proper procurement procedures are followed, per the instructions in the CDBG Grant Management Manual (GMM) Chapter 2, Program Operators, and Chapter 8, Procurement, located at:  
<http://www.hcd.ca.gov/fa/cdbg/manual/>.
- 9) Housing Element Compliance: In order to be eligible for an award, all applicants must be in CDBG compliance with their Housing Element no later than **June 26, 2009**. Please contact Paul McDougall, Manager of Housing Policy Development (HPD), at (916) 322-7995 if you do not know the status of your housing element.
- 10) Submit the application by the deadline.

#### B. Changes This Year:

- 1) Application Format. The application has been streamlined to remove duplication of instructions and forms.
- 2) The forms are in a WORD format using check boxes, drop-down menus and text fields that can be filled in without the structure changing, allowing applicants to type directly on the forms.
- 3) In the Application Summary section, there is one "Sources and Uses" Summary. The activity-specific sources and uses charts (Federal/State/Local/Private) have been moved to the Activity Forms to facilitate the tracking of funding by activity.

## GETTING READY

- 4) Funding Limits. For this funding round, the maximum amount awarded per application will be decreased to \$800,000. Refer to the NOFA (pg. 5) for further information.
- 5) Applications that include a Set-Aside Activity are required to provide most of the same information as a non Set-Aside activity. Please carefully review the Set-Aside instructions.
- 6) Appendices in the NOFA and Application are provided with expanded information and instructions.

### 5. **CDBG BASICS - DETERMINING NATIONAL OBJECTIVE AND BENEFICIARIES**

In order to be eligible, every CDBG-funded activity must meet one of the three national objectives and primarily benefit low- and moderate-income persons, also known as the “Targeted Income Group” (TIG). Additional information on national objectives is available at <http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/>. The following information should be considered when deciding on proposed activities:

#### **A. National Objective:**

According to 24 CFR Section 570.483, in order to be eligible for funding, every CDBG-funded activity must meet one of the three following national objectives of the program:

- 1) Benefiting low- and moderate-income persons; or
- 2) Preventing or eliminating slums or blight; or
- 3) Meeting other community development needs having a particular urgency because of existing conditions that pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs.

Due to statutory requirements, most activities funded under the State CDBG general and colonia allocation programs will meet the national objective of benefiting low- and moderate-income persons.

#### **B. Beneficiaries:**

Persons of low- and moderate-income are defined as families and individuals whose incomes do not exceed 80 percent of the area median income, with adjustments for smaller and larger families. State CDBG uses the term “TIG” for households at or below 80 percent of median income. Income limits by county may be obtained at:

[http://www.hcd.ca.gov/hpd/hrc/rep/state/cdbg\\_home09.pdf](http://www.hcd.ca.gov/hpd/hrc/rep/state/cdbg_home09.pdf)

Each application must provide information on the proposed beneficiaries. All proposed activities must have a minimum TIG benefit of 51% in order to be eligible.

>>See Appendix B for further instructions on Beneficiaries<<

## GETTING READY

Beneficiaries may be measured by people, housing units, households or jobs. The type of beneficiary associated with an activity is stated within each specific Application Activity Instructions/Forms. Please include a breakdown by very low-, low-, and moderate-income beneficiaries.

***Applications that include activities with higher TIG benefit percentages will be more competitive during the rating-and-ranking process.***

### 6. DETERMINING SERVICE AREA

CDBG-funded activities may be carried out to benefit an entire jurisdiction, or just a specific area of the jurisdiction (Target Areas). The service area will establish how the proposed TIG beneficiaries are determined.

#### **A. Jurisdiction-wide:**

If an activity is proposed to benefit persons throughout a jurisdiction, then HUD low- and moderate-income data by census tract and census tract block group is most commonly used to document the TIG benefit (unless a jurisdiction-wide Income Survey is used in its place).

#### **B. Target Area(s):**

A Target Area is a specific portion of a jurisdiction that will benefit from a CDBG activity and must be primarily residential in nature. A Target Area could also include both incorporated and unincorporated areas.

Beneficiaries in a Target Area are determined by using census tract/block group methodology, if the area matches the census tracts/block groups, the results of an Income Survey, or a combination of both.

A readable map must be provided showing the exact census tract and or block groups being served or the exact area an Income Survey was performed. Each target area will require a separate set of tables with the proper data and a map of the area(s).

Most maps can be obtained by visiting the American Fact Finder website at: [www.factfinder.census.gov/servlet/thematicmapframesetservlet](http://www.factfinder.census.gov/servlet/thematicmapframesetservlet)

*>>See Appendix C for further Service Area instructions<<*

## GETTING READY

### 7. **DETERMINING APPROPRIATE ENVIRONMENTAL REVIEW LEVELS**

Every jurisdiction that receives CDBG funds is legally responsible for complying with the environmental review regulations contained in the California Environmental Quality Act (CEQA) Guidelines, the National Environmental Policy Act (NEPA) and Federal regulations at 24 CFR Part 58 (Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities). 24 CFR Part 58 may be found at: [http://www.access.gpo.gov/nara/cfr/waisidx\\_04/24cfr58\\_04.html](http://www.access.gpo.gov/nara/cfr/waisidx_04/24cfr58_04.html)

- A NEPA environmental review is required **prior to the obligation, expenditure or drawdown** of CDBG funds.
- Environmental review requirements apply to all CDBG-funded activities, including the “10 percent set-aside” activities and projects or programs funded with CDBG program income.
- Different activities require different levels of environmental review.
- The environmental review will identify the physical, social and economic impacts of the entire proposed activity. This will include the entire scope of on- and offsite development enabled as a result of CDBG involvement, irrespective of the source of funding.
- Once an application for CDBG funding has been submitted to the Department, neither CDBG nor non-CDBG funds may be committed to the proposed activity prior to receiving clearance from the Department.

*>>See Appendix D for further Environmental Review instructions<<*

### 8. **GENERAL ADMINISTRATIVE AND ACTIVITY DELIVERY LIMITATIONS**

CDBG has established limits on the amount of funds that can be requested for reimbursement of general administrative and activity delivery expenses related to implementing a CDBG grant.

**All reimbursement requests will require supporting documentation at the time the request is made, even for General Administrative and Activity Delivery reimbursements.**

#### **A. General Administrative (GA) Expenses:**

Grantees are allowed to request up to 7.5 percent of the total grant amount for reasonable general administrative expenses related to carrying out the CDBG Program. General administrative costs include staff and related costs required for overall program management, coordination, monitoring, reporting and evaluation. General Administrative costs may be allocated on a direct basis or an indirect basis.

## GETTING READY

Jurisdictions may commit additional local, non-CDBG resources to GA beyond the 7.5 percent funded by CDBG for a total of up to 10 percent of grant funds. Applicants may choose to make a commitment of local funds for general administrative costs as a means of achieving additional points under the scoring category of “Local Leverage” (see the NOFA for more information about the scoring categories).

**Example 1:** 7.5% grant funds and 2.5% local funds = 10% allocated for GA. Jurisdiction A requests \$500,000 and proposes using 7.5% of the CDBG award (\$37,500) for GA. Jurisdiction A could receive competitive credit for up to \$12,500 in local administrative services (local leverage) contributed to the grant as determined by the following formula:

- 10% of the \$500,000 grant = \$50,000 maximum allowable for GA
- \$37,500 (7.5% CDBG) + \$12,500 (2.5% Local Leverage) = \$50,000

**Example 2:** 5% grant funds and 5% local funds = 10% allocated for GA. Jurisdiction B requests \$500,000 and proposes using 5% of the CDBG award (\$25,000) for GA. Jurisdiction B could receive competitive credit for up to \$25,000 in local administrative services (local leverage) contributed to the grant as determined by the following formula:

- 10% of the \$500,000 grant = \$50,000 maximum allowable for GA
- \$25,000 (5% CDBG) + \$25,000 (5% Local Leverage) = \$50,000

Note: Jurisdiction B would be more competitive than Jurisdiction A in the category of local leverage if these were the only local contributions.

### B. Activity Delivery Expenses:

Grantees are allowed to use a portion of the grant award to pay for the actual costs associated with the delivery of each proposed activity. Activity delivery includes costs associated with staff and overhead directly involved with carrying the specific activity. Activity delivery costs are calculated as a percentage of the total activity amount.

Activity delivery costs vary, depending on the activity category. As a general guideline, the allowable reimbursement for activity delivery has been:

- Housing Rehabilitation *up to 19 percent*
- Public Facilities or Public Improvements *up to 8 percent*

*If complex labor standards are involved (multiple subcontractors and/or numerous trades), then up to 12 percent may be requested.*

- All other activities: *up to 8 percent*

## GETTING READY

**Example:** For a \$300,000 Homeownership Assistance Program, with activity delivery costs of 8 percent, activity delivery would be calculated as follows:

- $\$300,000 \times 0.08 = \$24,000$

The Activity amount would be \$276,000; the Activity Delivery amount would be \$24,000.

*>>See Appendix E for Cost Categories for CDBG Activities<<*

### 9. STATE OBJECTIVES

Up to 50 points may be awarded to address one or more State Objectives as identified in the annual CDBG NOFA (pages 12-13). The State Objectives for 2009-2010 are outlined in the NOFA and further explained in the Application Appendix F.

The general categories are:

- Energy Efficiency Proposals
- Native American Partnership Proposals
- Infrastructure Proposals
- Farmworker Housing/Health Services
- Capacity Building.

Jurisdictions are to list the State Objective(s) being claimed within each specific Activity. Please note: **Only 50 points TOTAL will be awarded per application under this category.**

*>>See Appendix F for further States Objectives instructions<<*

### 10. APPLICATION REVIEW AND SCORING

Applications are rated according to criteria in the California Code of Regulations (CCR), Title 24, Sections 7078.1 through 7078.7. These regulations can be found at:

[http://www.hcd.ca.gov/fa/cdbg/CDBG\\_REGULATIONS\\_7\\_25\\_08\\_3\\_.pdf](http://www.hcd.ca.gov/fa/cdbg/CDBG_REGULATIONS_7_25_08_3_.pdf)

## GETTING READY

Applications are assigned quantitative ratings and are ranked against each other. The maximum possible score is 1,000 points. Points are divided among eight general scoring groups:

- Poverty Index 100 points
- Targeted Income Group (TIG) Benefit 300 points
- Need for the Activity 200 points
- Prior Performance Operating CDBG Grant(s) 150 points
- Capacity 100 points
- Readiness 50 points
- Leverage 50 points
- State Objectives 50 points

In addition, the NOFA provides specific information on application evaluation. In the Application package there are numerous “hints” on maximizing points and “warnings” (noted as ®®, for “rating and ranking”) on some of the mandatory requirements.

>> See NOFA (pages 10-12) for further Application Evaluation and Readiness Criteria<<

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## APPLICATION INSTRUCTIONS

**Note:** The application is a “stand-alone” document and must include all relevant forms and supporting documentation. References to other files or CDBG grants will not be accepted.

### 11. APPLICATION TABLE OF CONTENTS

The following Sections of the application contain sets of forms for each of the different eligible activities under the NOFA. Each section begins with the instructions on how to complete the activity forms and how to provide the proper documentation so the activity can be rated and ranked.

The application Table of Contents must be completed and submitted as the first page of the application. The Table of Contents provides the order in which the application must be organized and submitted. It also provides a checklist to ensure that all required documentation is included in the application.

**Note:** The forms are in a WORD format using check boxes, drop-down menus and text fields that can be filled in without the structure changing, allowing applicants to type directly on the forms. If the forms are completed incorrectly or if the proper documentation is not included, CDBG staff may disregard the information and **no** points will be assigned. Therefore, it is very important that the forms are completed thoroughly, accurately and supporting documentation is provided and clearly marked.

### 12. THRESHOLD REQUIREMENTS

Prior to beginning the rating-and-ranking (R/R) process, the Department will review each application to determine whether it meets the threshold criteria and can be rated and ranked.

Note: Not complying with one or more of the threshold criteria may result in finding the application ineligible for funding.

#### **A. Ineligibility Based on the Federal Debarment List:**

Applicant jurisdictions must check and document the Federal Excluded Parties (debarment) list to ensure eligibility to receive Federal funds. The EPLS website can be accessed at [www.epls.gov](http://www.epls.gov). Once at the site, perform the following steps:

- On the left-hand side of the screen, click on “Multiple Names”.
- A message screen will pop up.
- Check the box  on the second line from the bottom.
- Check the  in the upper right corner of the pop-up screen to close the screen out.
- The next screen, “EPLS Multiple Name Search,” will pop up.

## APPLICATION INSTRUCTIONS

- On the last line “Match,” make sure the  is selected for “Partial Name”.
- In ALL CAPS, enter the name of the jurisdiction with the word AND in between each word. For example, for the City of Arcata, enter **CITY AND ARCATA**. Note: Do not type CITY OF ARCATA.
- Print a copy showing the jurisdictions search and include it in the application.

### B. Holdout Status:

If the applicant has received a Holdout letter, the applicant will need to receive a written release from Holdout from the Department prior to submitting an application. Please include the letter in the application.

**Note:** Hold-out findings cannot be cured after the submittal date of the application.

### C. Housing Element Compliance:

The Department will not award funds to any applicant who is not in CDBG compliance with their Housing Element by **June 26, 2009**. No extensions will be granted beyond that date. Contact Paul McDougall, Manager of Housing Policy Development (HPD), at 916-322-7995 to verify status of the housing element.

### D. Growth Control:

If the applicant has a General Plan, ordinance, or other measure which directly limits by number either the building permits which may be issued for residential construction, or buildable lots which may be developed for residential purposes, and the measure does not meet any of the exceptions found in the Program Regulations, Section 7056 (b)(2)(B), the applicant jurisdiction is not eligible to receive federal funding. If the applicant meets an exception, attach a copy of the jurisdiction’s growth measure in this section of the application. See: [http://www.hcd.ca.gov/fa/cdbg/CDBG\\_REGULATIONS\\_7\\_25\\_08\\_3\\_.pdf](http://www.hcd.ca.gov/fa/cdbg/CDBG_REGULATIONS_7_25_08_3_.pdf)

### E. Statement of Assurances:

The Statement must have an original signature by the Chief Executive Officer (regardless of who is designated “Authorized Representative”) of the jurisdiction in **blue** ink.

- All applicants must use the form revised April 2009 provided with this Application Package. Older versions will not be accepted.

## APPLICATION INSTRUCTIONS

### F. Compliance with OMB Circular A-133:

Complete the form and have it signed by the Authorized Representative in *blue* ink.

- All applicants must use the form provided in this Application Package. The Department will not disburse funds to grantees that are not in compliance with OMB A-133.

### G. Citizen Participation:

The Department will not award funds to an applicant that did not meet the Citizen Participation requirements prior to the application submittal deadline. Refer to the NOFA (page 18) for Public Hearing requirements.

- Attach the required documentation.

### H. Resolution of the Governing Body:

The Resolutions submitted with this application must:

- Be an original or an original certified copy of the Resolution; and
- Authorize submission of the application; and
- Approve the application's contents (funding requested, activities, committed leverage, etc.; and
- Authorize the execution of a contract based on the application; and
- Designate an authorized person (by title) to enter into a contract; and
- Designate persons (by titles) to sign all reports, including Requests for Funds.

***CDBG strongly recommends that applicants use the suggested language in the sample Resolution in Appendix I.***

### I. NEPA Environmental Certification for General Administration:

Prior to project implementation, the jurisdiction must prepare the appropriate environmental review(s) for each activity funded by CDBG.

- The General Administrative environmental review must be included with the application.
- Activity-Specific environmental review(s) are incorporated into the Readiness criteria of each activity.
- **Remember: NO choice limiting action may occur prior to clearance of environmental review requirements. See Appendix D for further Environmental information and instructions.**

## APPLICATION INSTRUCTIONS

### 13. APPLICATION SUMMARY

#### A. Application Information:

- Is this a General CDBG application or a Colonias application?
- Complete all required information in this section.

#### B. Joint Application:

If the application is being submitted on behalf of more than one jurisdiction, include separate application summary pages for each jurisdiction.

- A Joint Powers Agreement or a Memorandum of Understanding (MOU) is required by the CDBG Regulations, Section 7060(c), as part of an application on behalf of another jurisdiction or for joint applications. Applicants must prepare a Joint Powers Agreement if the following conditions exist:
  - if one application is submitted by two or more jurisdictions; or
  - if a county is applying on behalf of a city in the same county; or
  - if a county applicant is applying on behalf of itself and a city in the same county; or
  - if a city/county is applying on behalf of a Native American target area that is located within another city/county.
- If the applicant proposes to enter into a Joint Powers Agency, the Department must be consulted regarding the inclusion of legal requirements.
- The Department must approve the Joint Powers Agreement **before** it is executed.

#### C. Authorized Representative Information:

Complete all required information pertaining to the jurisdiction's authorized representative, as stated in the authorizing Resolution. The Authorized Representative's signature **must** be in **blue** ink.

#### D. Applicant Contact Information:

Please provide the required information for a contact person who is best able to answer questions regarding the submitted application.

#### E. Legislative Representative Information:

List all of the district numbers and appropriate Legislative Representatives' names for your jurisdiction. The Department will notify all legislators of funding decisions.

## APPLICATION INSTRUCTIONS

### F. Target Populations:

Use the numbers on this list to identify target population(s), by activity, in the *Requested Funding for All Proposed Activities* section. Activities may serve many of the target populations listed, but choose the primary target population(s).

### G. Requested Funding for All Proposed Activities:

Itemize the funds requested for each proposed activity in the application.

- An application may include one or more activities.
- Refer to the NOFA for funding limitations.
- Indicate the requested dollar amount for each activity.
- Be sure to include the activity delivery amount on a separate line.
- Indicate who will administer the activity, i.e., jurisdiction staff, another activity administrator or a combination.
- Using the previous *Target Populations* chart, identify by Target I.D. number the primary target population group(s) anticipated as being served by each activity. Include the number of primary population group members to be served.
- Indicate whether this activity is an implementation of a previous CDBG funded Planning and Technical Assistance (PTA) grant and include the contract number.
- Caution: Listing the PTA grant number is for statistical purposes only. If the results of a previous PTA grant will be used as part of the documentation of activity(ies) need or readiness, include all applicable supporting documentation. This Department will not consider any previously submitted PTA documentation.

## 14. CERTIFICATIONS

All applicants must use the certification forms provided in the 2009 Application Package. No other versions of the forms will be accepted.

For each certification, signatures must be original and in blue ink.

- Statement of Assurances: This form must be signed by applicant's jurisdiction's Chief Executive Officer, regardless if they are the application-designated "Authorized Representative."
- OMB A-133 Circular Certification
- Environmental Finding Form
- HUD Environmental Form for Statutes and Regulations at 24 CFR 58.6

## APPLICATION INSTRUCTIONS

### 15. GENERAL ADMINISTRATIVE CAPACITY

Indicate whether the applicant has had any CDBG general allocation grants for any of the years from 2005 through 2008.

- **Do not include any CDBG PTA grants.**
- If “Yes”, please indicate the funding allocation(s) and contract number(s).

If the applicant has not had any CDBG general allocation grants for any of the years 2005 through 2008, indicate how the grant is anticipated to be administered.

- If only in-house staff will be used:
  - Include supporting documentation to show grantee staff experience.
  - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- If an outside activity administrator will be used:
  - Include letter(s) of interest;
  - Descriptions of experience administering CDBG grants;
  - If a qualified subrecipient will administer the grant, also provide a draft or executed Subrecipient Agreement.
  - If an administrator has already been procured for the general administration of the proposed grant, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
  - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

### 16. APPLICATION FUNDING SOURCES/USES/PROGRAM INCOME/LEVERAGE

#### A. **General:**

For each activity, including General Administration, applicants must identify on the application funding table the totality of all resources that are anticipated to be utilized in carrying out the applicant’s proposed activities. These resources may include a combination of grant funds, CDBG program income, other governmental resources and local and private contributions.

On the Application Summary Chart for Activities:

- Under “Activity”, list General Administration (GA) first.
- Following GA, list all of the activities in the application, including the set-aside activity.
- Fill out the columns to the right of the Activity with the anticipated resources that will be used to carry out each anticipated activity by total dollar amount.

## APPLICATION INSTRUCTIONS

- Include the appropriate resource documentation and note the page(s) on the “Application Table of Contents” under “Leverage/Sources and Uses Summary.”
- **Applicants must ensure that the proper citizen participation procedures have been followed prior to committing any local funding or program income to an application.**
- A similar procedure to the above will be repeated within each activity.

### B. Program Income:

- In the Program Income (PI) column, show the applicant jurisdiction’s balance of CDBG program income as of March 31, 2009.
- For each proposed activity to which the jurisdiction is committing program income, identify the exact amount of PI committed.
- Make sure the exact amount of PI committed in the application is the amount shown in the governing body resolution.
- Include a copy of the resolution as documentation.

**Note:** The committed Program Income will be reflected in the contract and must be fully expended before requesting any CDBG grant funds for the same activity.

### C. Other Governmental Funds:

- Indicate other State or Federal funding that is anticipated as a component of activities within this application.
- Include a copy of supporting documentation.

### D. Leverage:

- Program Income is not considered leverage.
- State or Federal funding is not considered leverage, including State/Federal funds passed through a private entity.

The Department will rate applications based on private and local governmental commitments to provide additional resources which are directly linked to a proposed activity. To be considered as “leverage”, a commitment must be in writing, specify the dollar amount committed (or its equivalent monetary value) and, in the case of a governmental entity, be accompanied by an authorizing resolution from the governing body.

- Redevelopment agencies (RDA) and counties providing resources to a city-sponsored activity shall be considered “local government”.
- A combined jurisdiction/RDA resolution **will not** be accepted as documenting local redevelopment leverage commitment. A separate RDA resolution must be included.

## APPLICATION INSTRUCTIONS

### Monetary Leverage:

- Provide the required documentation, as noted above.

### Non-Monetary Leverage:

- For non-monetary commitments from a local government, such as a relaxation of regulatory requirements, fee waivers or highway users taxes (gas taxes), the Department will rate each jurisdiction in comparison with its competitors for the same activity, to the extent to which they contribute to the project's objectives.
- For other non-monetary commitments, such as in-kind contributions, indicate the value (in dollars) of the contribution.

**ALL ANTICIPATED FUNDING SOURCES MUST INCLUDE DOCUMENTATION CLEARLY INDICATING THE SOURCE AND AMOUNT OF CONTRIBUTIONS.**

>>Refer to Appendix G for additional Leverage information<<

## APPLICATION TABLE OF CONTENTS - Forms

Application submitted by: \_\_\_\_\_ (jurisdiction)

General Allocation Application       Colonias Application

*\*Click on the box, drop-down menu or text box to enter information.*

THRESHOLD DOCUMENTATION	Required or "Select"	PAGE(S)
Threshold Summary Forms	Required	
Debarment Eligibility	Select	
Holdout Status	Select	
Growth Control Information	Select	
Statement of Assurances	Required	
Compliance with OMB Circular A-133	Required	
Citizen Participation Documentation	Required	
Original Resolution(s) of the Governing Body	Required	
NEPA Forms For General Administration (only):		
➤ HUD Environmental Fining Form	Required	
➤ HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6	Required	
APPLICATION FORMS		
Application Summary Forms (all pages)	Required	
Joint Powers Agreement/MOU (if applicable)	Select	
GRANT ADMINISTRATIVE CAPACITY		
Previous CDBG grant	Select	
No prior CDBG grant	Select	
LEVERAGE/SOURCES & USES SUMMARY		
Summary Form(s)	Required	
INDIVIDUAL ACTIVITY		
	Required	
OTHER		
Copy of Resolution(s)	Required	Inner front pocket of "Original" application

**NOTE:** This Application Table of Contents **must** be submitted with the completed application package. All items listed **must** be submitted in the order listed. Enter the page number(s) for each item that is included in the application. **Incomplete applications may not meet threshold review requirements. You can add additional rows to any form in the application if you need more space.**

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## THRESHOLD REQUIREMENTS - Forms

The Department will review each application to determine whether the application meets all of the eligibility threshold criteria. Applications that meet all of the threshold criteria will be eligible to be rated and ranked.

**\*Click on the box or text box to enter information.**

	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Debarment</u></b>                      Is the applicant jurisdiction on the Federal Excluded Parties List (<a href="http://www.epls.gov">www.epls.gov</a>)?                      ➤ If Yes, the applicant is <u>not eligible</u> to receive federal funding.                      ➤ If No, the applicant has included a copy of the search with this application on page(s): _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Holdout Status</u></b>                      Has the applicant received a written Holdout Letter from the Department?                      ➤ If No, skip to the next section                      ➤ If Yes, answer the following question:</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Has applicant received a written Holdout <u>Waiver</u> Letter from the Department?                      Date of Letter: _____ Copy included on page(s): _____                      ➤ If Waiver Letter has NOT been received, the applicant is <u>not eligible</u> to submit an application.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Housing Element Compliance</u></b>                      Does applicant have a Housing Element in CDBG compliance as of June 26, 2009?                       If No, then the applicant is <u>not eligible</u> to receive funding.                      The Department will verify compliance with HPD as of June 26, 2009.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Growth Control</u></b>                      Has the applicant jurisdiction enacted limitations on residential construction, which includes limitations other than establishing agricultural preserves, or limitations imposed by another agency, or limitations not based on a health and safety need?                      ➤ If No, skip to next section.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If yes, do these limitations meet any of the exceptions found in State CDBG Program Regulations, Section 7056(b)(2)(B)?                      ➤ If "Yes" to the exceptions, the applicant has included a copy of the limitation with this application on page(s): _____                      ➤ If "No" to the exception, the applicant jurisdiction is <u>not eligible</u> to receive federal funding.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Statement of Assurances</u></b>                      Applicant has included the correct version (revised 2009) of the Statement of Assurances, signed by the Chief Executive Officer of the applicant jurisdiction.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Compliance with OMB Circular A-133</u></b>                      Applicant has included a signed OMB Certification.</p>

## THRESHOLD REQUIREMENTS - Forms

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Citizen Participation</u></b>            Applicant has met all the Public Hearings/Citizen Participation requirements, such as:</p> <ul style="list-style-type: none"> <li>• Public notices published in a local newspaper announcing the public hearings and containing the required information, as stated in the CDBG Grant Management Manual, and included in the application on page(s): ____; <u>and</u></li> <li>• At least one public hearing was held during the program design phase of the application on ____ (date); <u>and</u></li> <li>• At least one public hearing was held to approve submittal of the application on ____ (date); <u>and</u></li> <li>• Sign-in sheets are available for each public hearing; <u>and</u></li> <li>• Written comments received during the public hearing process are included with the application along with any responses on page(s): ____</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>Resolution(s) of the Governing Body</u></b>            Applicant has included a Resolution (sample in Appendices) that:</p> <ul style="list-style-type: none"> <li>• is an original or an original certified copy; <u>and</u></li> <li>• authorizes submission of the application; <u>and</u></li> <li>• approves the application's contents (funding requested, activities, committed leverage, etc.); <u>and</u></li> <li>• authorizes the execution of a grant agreement, and any amendments thereto, if funded; <u>and</u></li> <li>• designates a person (by title) authorized to enter into an agreement, if funded; <u>and</u></li> <li>• designates persons (by titles) authorized to sign all reports, Funds Requests and other program-supporting documentation.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b><u>NEPA Environmental Review for General Administrative Activities</u></b>            Applicant has included the Environmental Review documents for general grant <u>administrative</u> activities, consisting of an Environmental Finding Form and a HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6.</p>

After the application due date, the Department will not consider unsolicited information from an applicant. However, the Department may contact an applicant to clarify an item in the application. Applicants should note that the Department will not seek clarification of items or responses that improve the substantive quality of the applicant's response to any eligibility or selection criterion.

**APPLICATION SUMMARY - Forms**

California Department of Housing and Community Development  
**State Community Development Block Grant Program**



- General Allocation (2009 - 2010)**
- Colonias Allocation (2008-09 & 2009-10)**

**Application Information**

Applicant Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Is this application being submitted on behalf of more than one jurisdiction?**

- NO** *Continue to Section 2.*
- YES** *Complete the following. (Please note that the implementation of a Joint Powers Agreement or Memorandum of Understanding between the applicants is required.)*

Second Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Authorized Representative Information (per the Resolution)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Check here if address information is the same as above; if not, fill in information below.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

## APPLICATION SUMMARY - Forms

### Applicant Contact Information (if different than above)

Check here if address information is the same as above; if not, fill in information below.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Legislative Representative Information

	District #	First Name	Last Name
<b>Assembly</b>	_____	_____	_____
<b>Senate</b>	_____	_____	_____
<b>Congress</b>	_____	_____	_____

	District #	First Name	Last Name
<b>Assembly</b>	_____	_____	_____
<b>Senate</b>	_____	_____	_____
<b>Congress</b>	_____	_____	_____

### Target Populations- Primary Purpose(s) of each proposed Activity

On the next page (Requested Funding for All Proposed Activities), in the noted column, enter the **primary** number(s) that correspond to the target population(s) that each activity will specifically address. For example, a homeless shelter will most likely serve many target populations shown, but the **primary** target population will be the homeless.

- |                        |                       |                                  |
|------------------------|-----------------------|----------------------------------|
| 1. Physically Disabled | 7. Families           | 13. Victims of Domestic Violence |
| 2. Persons with AIDS   | 8. Farmworkers        | 14. Dually-Diagnosed             |
| 3. Youths              | 9. Seniors            | 15. Prevent Homelessness         |
| 4. Single Adults       | 10. Mentally Ill      | 16. Help the homeless            |
| 5. Single Men          | 11. Veterans          | 17. Help those with HIV/AIDS     |
| 6. Single Women        | 12. Substance Abusers | 18. Other                        |

## APPLICATION SUMMARY - Forms

### Requested Funding for All Proposed Activities

**Note: See instructions for funding limitations.**

Activity	Amount Requested	Activity Administrator	Target Populations	Result of a Project-Specific CDBG PTA Grant?
<b>GENERAL ADMINISTRATION</b>				
(Maximum of 7.5% of total funding requested)	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination		
<b>Activity # 1:</b> _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$ _____		Proposed # of Beneficiaries: _____	
<b>Activity TOTAL</b>	<b>\$ _____</b>			
<b>Activity # 2:</b> _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$ _____		Proposed # of Beneficiaries: _____	
<b>Activity TOTAL</b>	<b>\$ _____</b>			
<b>Activity # 3:</b> _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$ _____		Proposed # of Beneficiaries: _____	
<b>Activity TOTAL</b>	<b>\$ _____</b>			
<b>10% Set-Aside Activity:</b> _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$ _____		Proposed # of Beneficiaries: _____	
<b>Activity TOTAL</b>	<b>\$ _____</b>			
	<b>\$ _____</b>	<b>◀ TOTAL Funding Requested</b>		

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## STATEMENT OF ASSURANCES (2009) - Forms

*By checking the boxes, the certifier assures the statements are true.*

The City/County of \_\_\_\_\_ hereby assures and certifies that:

1. Legal Authority  
It possesses legal authority to apply for the grant and to execute the proposed program.
2. Application Authorization  
Its governing body has duly adopted or passed as an official act or resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the applicant's chief executive officer or other designee to act in connection with the application and to provide such additional information as may be required.
3. Citizen Participation  
It has or will comply with all citizen participation requirements, which include, at a minimum, the following components:
- a. Provides for and encourages citizen participation, with particular emphasis on participation by persons of low and moderate income who are residents of slum and blight areas and of areas in which CDBG funds are proposed to be used, and provides for participation of residents in low- and moderate-income neighborhoods as defined by the local jurisdiction; and
  - b. Provides citizens with reasonable and timely access to local meetings, information, and records relating to the grantee's proposed use of funds, as required by CDBG regulations, and relating to the actual use of funds under this title; and
  - c. Provides for technical assistance to groups representative of persons of low and moderate income that request such assistance in developing proposals with the level and type of assistance to be determined by the grantee; and
  - d. Provides for public hearings to obtain citizen views and to respond to proposals and questions at all stages of the community development program. These include at least the development of needs, the review of proposed activities, and review of program performance, which hearings shall be held after adequate notice, at times and locations convenient to potential or actual beneficiaries and with accommodation for the handicapped. This shall include one public meeting during the program design, annual performance report preparation, and formal amendments. A public hearing shall be conducted prior to application submittal; and
  - e. Solicits and provides for a timely written answer to written complaints and grievances, within 15 working days where practicable; and

## STATEMENT OF ASSURANCES (2009) - Forms

- f. Identifies how the needs of non-English speaking residents will be met in the case of public hearings where a significant number of non-English speaking residents can reasonably be expected to participate.

4. National Objective

The CDBG Program has been developed so as to primarily benefit targeted income persons and households, and each activity in the program meets one of the three national objectives: benefit to low- and moderate-income persons, elimination of slums and blight, or meets an urgent community need certified by the grantee as such.

5. NEPA Environmental Review

Consents to assume the responsibilities for environmental review and decision-making in order to ensure compliance with NEPA by following the procedures for recipients of block grant funds as set forth in 24 CFR, Part 58, titled "Environmental Review Procedures for Title I Community Development Block Grant Programs." Also included in this requirement is compliance with Executive Order 11988 relating to the evaluation of flood hazards, and Section 102(a) of the Flood Disaster Protection Act of 1973 (Public Law 93-234) regarding purchase of flood insurance, and the National Historic Preservation Act of 1966 (16 USC 470) and implementing regulations (36 CFR 800.8).

6. CEQA

Consents to assume the role of either Lead Agency as defined by Section 21067 of the California Public Resources Code, or if another public agency is or will be designated Lead Agency, it consents to assume the role of Responsible Agency as defined by Section 21069 of the California Public Resources Code, in order to ensure compliance with CEQA.

7. Audit/Performance Findings

Has resolved any audit findings or performance problems for prior CDBG grants awarded by the State.

8. Growth Control

Certifies that there is no plan, ordinance, or other measure in effect which directly limits, by number, the building permits that may be issued for residential construction or the buildable lots which may be developed for residential purposes; or if such a plan, ordinance, or measure is in effect, it will either be rescinded before receiving funds, or it need not be rescinded because it:

- a. Imposes a moratorium on residential construction, to protect the health and safety, for a specified period of time which will end when the public health and safety is no longer jeopardized; or
- b. Creates agricultural preserves under Chapter 7 (commencing with Section 51200) of Part 2 of Division 1 of Title 5 of the Government Code; or
- c. Was adopted pursuant to a specific requirement of a State or multi-State board, agency, department, or commission; or

## STATEMENT OF ASSURANCES (2009) - Forms

- d. The applicant has an adopted housing element which the Department has found to be in compliance, unless a final order has been used by a court in which the court determined that it is not in compliance with Article 10.6 of Chapter 3 of Division 1 of Title 7 of the Government Code; or
- e. The use of the funds applied for in this application is restricted for housing for the targeted income group.

9. Uniform Administrative Requirements

Will comply with the regulations, policies, guidelines, and requirements of OMB Circular Numbers A-87, A-133, A-122, and 24 CFR Part 85, where appropriate, and the State CDBG regulations.

10. Nondiscrimination

Shall comply with the following regarding nondiscrimination:

- a. Title VI of the Civil Rights Act of 1964 (Public Law 88-352).
- b. Title VIII of the Civil Rights Act of 1968 (Public Law 90-284) as amended; and will administer all programs and activities related to housing and community development in a manner affirmatively furthering fair housing.
- c. Section 109 of the Housing and Community Development Act of 1974, as amended.
- d. Section 3 of the Housing and Urban Development Act of 1968, as amended.
- e. Executive Order 11246, as amended by Executive Orders 11375 and 12086.
- f. Executive Order 11063, as amended by Executive Order 12259.
- g. Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), as amended, and implementing regulations.
- h. The Age Discrimination Act of 1975 (Public Law 94-135).
- i. The prospective contractor's signature affixed hereon and dated shall constitute a certification under the penalty of perjury under the laws of the State of California that the bidder has, unless exempted, complied with the nondiscrimination program requirements of Government Code Section 12990 and Title 2, California Code of Regulations, Section 8103.

11. Anti-Displacement/Relocation

Will comply with the Federal Relocation Act (42 U.S.C. 4601 et seq.) and certifies that it will follow the state's residential anti-displacement and relocation plan located in Appendix L of the State's 2005-2010 Consolidated Plan. The Plan can be found at: <http://www.hcd.ca.gov/hpd/hrc/rep/fed/conplan05-10final.pdf>.

## STATEMENT OF ASSURANCES (2009) - Forms

12. Labor Standards  
Will comply with the following regarding labor standards:
- a. Section 110 of the Housing and Community Development Act of 1974, as amended.
  - b. Section 1720 et seq. of the California Labor Code regarding public works labor standards.
  - c. Davis-Bacon Act as amended (40 USC. 276a) regarding prevailing wage rates.
  - d. Contract Work Hours and Safety Standards Act (40 USC 3702) regarding overtime compensation.
  - e. Anti-Kickback Act of 1934 (41 USC 51-58) prohibiting "kickbacks" of wages in federally assisted construction activities.
13. Architectural Barriers  
Will comply with the Architectural Barriers Act of 1968 (42 USC 4151-4157) and implementing regulations (24 CFR Part 40-41).
14. Conflict of Interest  
Will enforce standards for conflicts of interest which govern the performance of their officers, employees, or agents engaged in the award and administration, in whole or in part, of State CDBG grant funds (Section 7126 of the State regulations).
15. Limitations on Political Activities  
Will comply with the Hatch Act (5 USC 1501 et seq.) regarding political activity of employees.
16. Lead-Base Paint  
Will comply with the Lead-Based Paint Regulations (24 CFR Part 35) which prohibits the use of lead-based paint on projects funded by the program.
17. Debarred Contractors  
The applicant or its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal assistance programs, in any proposal submitted in connection with the CDBG program, per the Excluded Party List System ([www.epls.gov](http://www.epls.gov)). In addition, the applicant will not award contracts to or otherwise engage the services of any contractor while that contractor (or its principals) is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation from the covered transaction, in any proposal submitted in connection with the CDBG program under the provisions of 24 CFR part 24.

## STATEMENT OF ASSURANCES (2009) - Forms

18. Inspection of Grant Activities  
Will give HUD, the Comptroller General, the State Department of Housing and Community Development, or any of their authorized representatives access to and the right to examine all records, books, papers, or documents related to the grant.
19. Cost Recovery  
Will not attempt to recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing properties owned and occupied by targeted income persons unless:
- a. CDBG funds are used to pay the proportion of such assessment that relates to non-CDBG funding; or
  - b. For the purposes of assessing properties owned and occupied by targeted income persons who are not of the lowest targeted income group, it does not have sufficient CDBG funds to comply with the provisions of "a" above.
20. Procurement  
Will follow the federal procurement policies per 24 CFR Sec. 85.36
21. Excessive Force  
Will adopt and enforce policies:
- a. Prohibiting the use of excessive force by its law enforcement agencies against individuals engaged in non-violent civil rights demonstrations; and
  - b. Enforcing applicable State and local law against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstration within its jurisdiction.

**The Certification is made under penalty of perjury under the laws of the State of California.**

NAME OF CERTIFYING OFFICIAL:

\_\_\_\_\_ (print/type)

CHIEF ADMINISTRATIVE EXECUTIVE:

\_\_\_\_\_ (enter exact title of person signing)

\_\_\_\_\_  
Signature (blue ink)

\_\_\_\_\_  
Date certified

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## OMB CIRCULAR A-133 - Forms

Office of Management and Budget (OMB) Circular A-133 is used pursuant to the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. It sets forth the standards for obtaining consistency and uniformity among Federal agencies for the audit of states, local governments, and non-profit organizations expending Federal awards. Cities and counties not exempted from the requirements of OMB Circular A-133 must submit their audits to the State Controller. Non-profit organizations not exempted must submit their audits to the California Department of Housing and Community Development.

Pursuant to the requirements of OMB Circular A-133, please check the appropriate statement and certify at the bottom of the page:

The \_\_\_\_\_ (name of entity) has expended more than \$500,000 in Federal funds in fiscal year 2007/2008 and is required to conduct a single audit or program specific audit for this year in accordance with the provisions of OMB Circular A-133:

The audit has been completed and has been submitted to the appropriate control agency. (Proof of submittal must be submitted with this form and the application. Failure to do so may result in denial of CDBG funds.)

The audit has not been completed. It is anticipated that the audit will be completed and submitted to the appropriate control agency by: \_\_\_\_\_ (date). (Upon completion of audit, proof of submittal must be submitted to CDBG in order to be eligible for funding consideration.)

The \_\_\_\_\_ (name of entity) has expended less than \$500,000 in federal funds in fiscal year 2007/2008 and is exempt from the requirements of OMB Circular A-133. Non-Federal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and the General Accounting Office. (Submit proof of this statement with this form and the application. Failure to do so may result in denial of CDBG funds.)

I certify on behalf of \_\_\_\_\_ (name of entity) that the above is a true and accurate statement.

\_\_\_\_\_  
(Printed/Typed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature) (blue ink)

\_\_\_\_\_  
(Date signed)

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# ENVIRONMENTAL FINDING FORM (EFF) - Forms



U.S. Department of Housing and Urban Development  
Pacific/Hawaii Office  
450 Golden Gate Avenue  
San Francisco, California 94102-3448

CDBG Grantee: \_\_\_\_\_

Activity: (scope of NEPA Activity, e.g., sewer and water improvements in support of shopping center development **and** identification of CDBG Activity, e.g., planning/technical assistance grant, housing rehabilitation, community facilities, new housing construction, public works, business loan, public infrastructure, microenterprise program):

## The environmental level of clearance for **GENERAL ADMINISTRATIVE ACTIVITIES** is:

- Exempt (24 CFR Part 58.34), **OR**  
 Categorically excluded not subject to the §58.5 statutes [24 CFR Part 58.35(b)]

### Attached documentation:

- HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6

- Categorically excluded subject to the §58.5 statutes per 24 CFR Part 58.35(a), but **requires no** mitigation and *has converted to exempt status* [24 CFR Part 58.34(a)(12)], *or*  
 Categorically excluded subject to the §58.5 statutes [24 CFR Part 58.35(a)], but **will require** mitigation and, therefore, will not convert.

### Attached documentation:

- HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6, **AND**  
 Statutory Worksheet, **OR**  
 Rehabilitation Environmental Review (RER) form (tiered environmental reviews only). RER Appendix A (Parts 3-6) must be completed after the project site is identified and before you proceed with the project. A copy of Appendix A must be kept in the project file.

If the Statutory Worksheet triggers public noticing requirements, also provide:

- Notice of Intent to Request Release of Funds (proof of publication) and  
 Request for Release of Funds and Certification (HUD-7015.15 form).  
The RER **requires** public noticing, provide:  
 Notice of Intent to Request Release of Funds (proof of publication) and  
 Request for Release of Funds and Certification (HUD-7015.15 form)

- Environmental Assessment (24 CFR Part 58.36)

### Attached documentation:

- HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6  
 Environmental Assessment  
 Combined Finding of No Significant Impact/Notice of Intent to Request Release of Funds (proof of publication)  
 Request for Release of Funds and Certification (HUD-7015.15 form)

- Environmental Impact Statement (24 CFR Part 58.37). **Contact a CDBG Representative.**

\_\_\_\_\_  
Certifying Officer Signature  
(Rev.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Certified

8/04)

**HUD ENVIRONMENTAL FORM FOR STATUTES AND REGULATIONS AT  
24 CFR 58.6 - Forms**



U.S. Department of Housing and Urban Development  
Pacific/Hawaii Office  
450 Golden Gate Avenue  
San Francisco, California 94102-3448

**ACTIVITY DESCRIPTION: GENERAL ADMINISTRATIVE ACTIVITIES**

**Level of Environmental Review Determination (per EFF): Select**

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

**STATUTES and REGULATIONS listed at 24 CFR 58.6**

**FLOOD DISASTER PROTECTION ACT**

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA identified Special Flood Hazard?  
 No Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed; go to next factor).  
 Yes Source Document: \_\_\_\_\_
2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?  
 Yes Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.  
 No Federal assistance may not be used in the Special Flood Hazards Area.

**COASTAL BARRIERS RESOURCES ACT**

1. Is the project located in a coastal barrier resource area?  
 No Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States. (This factor is completed; go to next factor).  
 Yes Federal assistance may not be used in such an area.

**AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES**

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?  
 No Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3). **(This factor is completed)**  
 Yes **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

\_\_\_\_\_  
Preparer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Certified

\_\_\_\_\_  
Certifying Officer Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Certified

## GENERAL ADMINISTRATIVE CAPACITY - Forms

A. Did the applicant have any CDBG General, Native American, or Colonias grants experience for the years 2005, 2006, 2007, or 2008? **(Do not include PTA grants)**

**Yes.** Identify which CDBG Allocation(s) and the applicable funding year(s).

**General** Allocation. Funding Year(s): \_\_\_\_\_

Grant #'s: \_\_\_\_\_

**Colonias** Allocation. Funding Year(s): \_\_\_\_\_

Grant #'s: \_\_\_\_\_

**Native American** Allocation. Funding Year(s): \_\_\_\_\_

Grant #'s: \_\_\_\_\_

**No.** Have not had any CDBG grants in 2005-2008.

B. If funded from this application, how will this grant be administered? Who will carry out the grant's General Administrative activities?

In-house staff only. **(Attach resumes and duty statements of staff that will be performing the work.)**

Subrecipient Agreement:

Draft  Executed. *Term of the Agreement:* \_\_\_\_\_

Other: \_\_\_\_\_

Procured administrator(s) per 24 CFR 85.36 and the GMM Chapter 8.

Per Small Purchase Authority

By Competitive Proposal

By Non-Competitive/Sole-Source

• Department approval documentation, pages: \_\_\_\_\_

Term of the agreement: \_\_\_\_\_

Some combination of the above. Describe: \_\_\_\_\_

**Please indicate the page numbers in your application where the supporting documentation can be found: \_\_\_\_\_**

**NOTE: Full points under this section will be awarded only for complete documentation, as noted in the application instructions.**

**APPLICATION FUNDNG SOURCES/USES/PROGRAM INCOME/LEVERAGE - Forms**

**ALL ACTIVITIES – ALL FUNDING SOURCES**

USES	SOURCES							
ACTIVITY	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income Balance: _____ (as of 3/31/09)	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Totals:		\$	\$	\$	\$	\$	\$	\$

## HOUSING REHABILITATION - Instructions

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

### A. **ACTIVITY INFORMATION:**

#### 1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

*>>See Application Section 8 for Activity Delivery instructions<<*

*>>See Appendix E - Cost Categories for CDBG Activities<<*

#### 2. **What type of Housing Rehabilitation Activity is being proposed?**

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

[http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref\\_man\\_b.pdf](http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref_man_b.pdf)

- Applicants that are proposing both a single-family housing rehabilitation program and a multi-family housing rehabilitation project **must** separate the requested dollar amounts for each type of activity and use a separate set of forms for each. Please note that funds may **not** be moved between these two different activities unless the Department approves a formal contract amendment.
- Is this activity a component of a housing combination (Housing Combo) program? Refer to the NOFA (page 2) for more information.

#### 3. **If applying for a project, indicate the proposed location.**

#### 4. **Description of activity:**

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for rehabilitation should be based on the urgent need of health and safety repairs.

***If more than one program/project is being proposed, submit a separate set of Activity Forms for each program/project.***

## HOUSING REHABILITATION - Instructions

**5. Who will carry out this activity?**

For this specific activity, who will be in charge of administering the program/project? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

**6. What are some of the Milestones associated with this activity (projects only)?**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

**7. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

*>>See Application Section 9 and Appendix F for additional information<<*

**B. BENEFIT:**

**1. Service Area – Programs Only:**

Is the proposed Program going to be a Jurisdiction-wide Program, or will the Program be limited to a Targeted Area of the Jurisdiction?

- For a Target Area Program, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target areas, a map must be provided showing the exact Census Tract(s) and/or Block Group(s) being served.

*>>See Application Section 6 for Service Area instructions<<*

***Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s), with the application will result in no points being awarded under this section.***

Depending on local indicators and census data, applicants may strengthen their application by proposing an activity in a target area that has high poverty indicators; however, for Housing Rehabilitation, the TIG benefit will always be 100 percent and will not increase or decrease with a Target Area.

**2. Beneficiaries:**

All Housing Rehabilitation Activities must only benefit 100 percent TIG households. Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, LTIG and Extremely LTIG.

## HOUSING REHABILITATION - Instructions

>>See Section 5 for Beneficiary instructions<<

**For Projects:** If a multi-family mixed income project is proposed, CDBG funds can only be used to rehabilitate the units of TIG households. Common improvements like roofs and exterior painting can be pro-rated based on percentage of TIG units being served.

***Multi-Family Projects that do not clearly show 100 percent TIG benefit, or do not clearly show the percentage of TIG units to be assisted, will not receive points in this category.***

### 3. **Loans vs. Grants:**

Indicate the proposed number of loans and the proposed number of grants the jurisdiction anticipates for this activity.

## C. **NEED FOR ACTIVITY:**

### 1. **Housing Stock Conditions:**

The information for this section will come from either the applicant's Housing Element or from a more recent Housing Stock Condition Survey. Indicate which source was used.

If the applicant is proposing housing rehabilitation in a target area, exterior housing condition survey data may be used to show the percentage of units in **need** of rehabilitation or dilapidated in place of the community-wide data stated in the jurisdiction's Housing Element.

The survey **must** be completed using the methodology contained in Chapter 16 of the CDBG Grant Management Manual (GMM) beginning on page 16-26. The link to this section is:

<http://www.hcd.ca.gov/fa/cdbg/manual/Chapter16HousingRehabilitation.doc>

The survey data must be more recent than the data in the housing element and if the survey is jurisdiction-wide, the data must be amended into the next update of the housing element.

For proposed **multi-family housing projects**, show the rehabilitation need/units in the specific project to document condition of the housing.

### 2. **Age of Housing Stock:**

This table will indicate the total percentage of the jurisdiction's housing stock that was built pre-1970. The total includes owner-occupied units **and** renter-occupied units. The information in this table is based on the 2000 Census Summary File 3, Table DP-4. Each Target Area will require a Census Table that includes only the applicable census track(s)/block group(s). Proposed multi-family housing projects must use jurisdiction-wide data.

## HOUSING REHABILITATION - Instructions

>>See Appendix H for Census Tables and Required Calculations<<

**Failure to provide this documentation with the application will result in no points being awarded under this section.**

### 3. **Overcrowding:**

The Census Table defines an overcrowded housing units as one occupied by 1.01 persons or more per room (excluding bathrooms and kitchens). Applicants must use 2000 Census Table data for this number. The total includes owner-occupied units **and** renter-occupied units. The information in this table is based on the 2000 Census Summary File 3, Table DP-4. Each Target Area will require a separate set of Census Tables that include only the applicable census tract(s)/block group(s). Proposed multi-family housing projects must use jurisdiction-wide data.

>>See Appendix H for Census Tables and Required Calculations<<

### 4. **Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census Table and/or your Housing Element with regards to the community's worsened condition of housing and/or worsened overcrowding needs. The Worsened Condition must be **specific and unique to your jurisdiction**.

For example, if the Census Table data for Age of Housing Stock and Overcrowding do not accurately depict the community's need in those categories, please attach third-party documentation, if available, showing the community's worsened needs in either of these two categories and indicate the page numbers where the documentation can be found. Such supplemental information shall not be older than five years from this year's application filing date and must be specific to the community.

Note: Data for condition of jurisdiction-wide housing stock in the current housing element can be supplemented with the most recent survey. However, the survey must be incorporated into the jurisdiction's next housing element.

**Failure to provide this documentation with the application may result in no points being awarded under this section.**

### D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of

## HOUSING REHABILITATION - Instructions

environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

### 1. **Activity Administrator:**

How will this activity be administered? *(Check all that apply.)*

- In-house:
  - Include supporting documentation to show grantee staff experience.
  - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
  - Provide a draft or executed subrecipient agreement.
- Procured:
  - Descriptions of experience administering CDBG grants.
  - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
  - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

### 2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. If consultation with SHPO is applicable, please include all SHPO correspondence,

### 3. **Site Control:**

Check the appropriate box(es) and submit the documentation required.

**Note:** Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

### 4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A partial list of acceptable readiness items are listed in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

## HOUSING REHABILITATION - Instructions

### 5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

## HOUSING REHABILITATION - Forms

### TABLE OF CONTENTS

*\*Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	YES or NO	DOCUMENTATION	PAGE(S)
Housing Rehab Forms (all pgs)	Select		
Timeline/Schedule/Milestones	Select		
State Objectives	Select		
<b>BENEFIT</b>			
Service Area Documentation	Select		
Income Documentation	Select		
Other: _____	Select		
<b>NEED</b>			
Housing Condition	Select		
Age of Housing Stock	Select		
Overcrowding	Select		
Worsened Conditions	Select		
Additional Supporting Documentation (list): _____	Select		
<b>READINESS</b>			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
RER, <i>excluding Appendix A</i>	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice	Select		
Ready to sign RROF	Select		
PI Reuse Plan	Select	Select	
Housing Rehab Guidelines	Select	Select	
Temporary Relocation Plan	Select	Select	
Existing Program Continued	Select		
Potential Clients	Select	Select	
Contractor List	Select		
Projects: Site Control	Select	Select	
Projects: Sources and Uses	Select		
Projects: Plans and Specs	Select	Select	
Bid Package	Select	Select	

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**HOUSING REHABILITATION - Forms**

**A. ACTIVITY INFORMATION:**

1. **How much is being requested for this activity?**  
 \$\_\_\_\_\_ = \$\_\_\_\_\_ + \$\_\_\_\_\_  
 Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$
  
2. **How will the requested CDBG funds be used?**  
*Check **ONLY one** type of Program **OR one** type of Project. If more than one program/project is being proposed, submit a separate set of Activity Forms for each program/project:*
  - a) Programs
    - Rehab: Single-Unit Residential (14A)  
*Component of Housing Combo Program?*  Yes  No
    - Rehab: Multi-Unit Residential (14B)  
*Component of Housing Combo Program?*  Yes  No
    - Energy Efficiency Improvements (*only*) (14F)
    - Lead-Based Paint/Lead Hazard Testing/Abatement (*only*) (14I)
    - Residential Historic Preservation (16A)
  
  - b) Projects
    - Housing Real Property Acquisition and Rehabilitation
    - Multi-Family Rehabilitation Project
    - Conversion of building(s) to housing units (must stay within the existing footprint)
  
3. **If a Project is being proposed, what is the location of the sites(s) where the activity will occur?**  
 \_\_\_\_\_  
  
 Does the Applicant currently have site control?  
 Yes  No
  
4. **Description of Activity:** (*See instructions.*)  
 \_\_\_\_\_
  
5. **Who will be the Activity Administrator?** (*Check all that apply.*)
  - Jurisdiction (Applicant)
  - Consultant/Contractor (For-Profit entity)
  - Non-Profit as Subrecipient
  - CHDO (Community Housing Development Organization)
  - Another unit of local government
  - Another public agency
  - Non-Profits not acting as Subrecipients
  - Faith-based organization
  - Institution of higher education

**HOUSING REHABILITATION - Forms**

Name of all agencies/organizations indicated above:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**6. Timeline/Schedule/Milestones (for projects only):**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

<b>Activity Milestones</b>		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**7. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

*>>See Application Section 9 and Appendix F for additional information<<*

<b>State Objective for this specific activity:</b>	<b>Application Page #</b>
1.	
2.	

# HOUSING REHABILITATION - Forms

**B. BENEFIT:**

1. **Service area for Programs:** (*Check only one.*)  
 Entire Jurisdiction  
 Target Area(s)

Identify the Target Area(s) by Census Tract(s) and Block Group(s) and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): \_\_\_\_\_

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

2. **Beneficiaries by Income and Tenure:**  
 All Housing Rehabilitation activities are income restricted and benefit 100 percent TIG. Indicate the number of households that will be assisted by category of TIG and by owner- or renter-occupied units.

OWNER-OCCUPIED units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

RENTER-OCCUPIED units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

3. **Estimated number of:** \_\_\_\_\_ Loans \_\_\_\_\_ Grants

## HOUSING REHABILITATION - Forms

### C. NEED FOR ACTIVITY:

#### 1. **Housing Stock Conditions:**

Complete the required information on the chart that is applicable to the activity from either (*check one*):

- Housing Element**  
 **Survey**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

- a) For a **JURISDICTION-WIDE** activity, attach copies of the page(s) from the Housing Element where these percentages are documented. Page(s) \_\_\_\_\_
- b) For a **TARGET-AREA** activity, a Housing Conditions Survey of the Target-Area must be used to document the need. You **must** attach a copy of the survey form used, a narrative of the survey methodology used and a summary of the survey results. Page(s) \_\_\_\_\_

Enter the percent of housing units that are:	Category	List %
<b>Sound</b> and not in need of Rehabilitation	<b>Sound</b>	%
Suitable for <b>Minor</b> Rehabilitation	<b>Minor</b>	%
Suitable for <b>Moderate</b> Rehabilitation	<b>Moderate</b>	%
Suitable for <b>Major</b> Rehabilitation	<b>Major</b>	%
<b>Dilapidated.</b> Not suitable for Rehabilitation.	<b>Dilapidated</b>	%
	<b>TOTAL:</b>	

#### 2. **Age of Housing Stock:**

This table will indicate the total percentage of the jurisdictions housing stock that was built pre-1970. Attach the applicable Census Tables. Also, show the calculations on the table as to the percentages.

Enter the percentage of housing stock that was built <b>pre-1970</b> as shown in the 2000 Census Summary File 3, Table DP-4	<b>Age of Housing Stock</b>	%
---	-----------------------------	---

#### 3. **Overcrowding:**

This table will indicate the total percentage of the jurisdictions housing stock that is overcrowded. Be sure to attach the applicable Overcrowding Census Tables. Also, show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	<b>Overcrowding</b>	%
--	---------------------	---

## HOUSING REHABILITATION - Forms

**4. Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census Table and/or your Housing Element with regards to the community's worsened condition of housing and/or worsened overcrowding needs. Provide all information that is requested.

*Check if providing supplemental information for.*

- Worsened Condition of Housing Stock
- Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community?

c) List:

- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
- The time period that the documentation supports as worsened (e.g., earthquake on 1/1/08; fire from 3/13/08-5/17/08, etc.), **AND**
- The page numbers, in this application, where documentation can be found.

*Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.*

Description of Documentation:	Date of Doc.	Application Page #
1.		
2.		

## HOUSING REHABILITATION - Forms

### D. READINESS:

#### 1. **Activity Administrator:**

If funded, how will this activity be administered?

- In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- Subrecipient Agreement:  
 Draft     Executed     Other: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_
- Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):  
 Per Small Purchase Authority  
 By Competitive Proposal  
 By Non-Competitive/Sole-Source  
 Department approval documentation, pages: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_
- Combination of the above. Describe: \_\_\_\_\_

#### 2. **Environmental Review (check all applicable):**

- Environmental Finding Form (EFF)  
 Form 58.6  
 Rehabilitation Environmental Review (RER) excluding Appendix A  
 Environmental Assessment  
 SHPO Letter  
 Ready to Publish Notice  
 Ready to Sign Request for Release of Funds (RROF)

#### 3. **Site Control (Projects only):**

- | Draft                    | Executed                 |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

#### 4. **Other Readiness Documentation Provided:**

- |   |  |
|---|--|
| <input type="checkbox"/> Program Income Reuse Plan  | <input type="checkbox"/> Contractor List           |
| <input type="checkbox"/> Housing Rehab Guidelines   | <input type="checkbox"/> Projects: Financing       |
| <input type="checkbox"/> Temporary Relocation Plan  | <input type="checkbox"/> Projects: Plans and Specs |
| <input type="checkbox"/> Existing Program Continued | <input type="checkbox"/> Bid Package               |
| <input type="checkbox"/> Potential Clients          |  |

**HOUSING REHABILITATION - Forms**

**HOUSING REHABILITATION – ALL FUNDING SOURCES**

USES	SOURCES							
ACTIVITY	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Totals:	\$	\$	\$	\$	\$	\$	\$	\$

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## HOMEOWNERSHIP ASSISTANCE - Instructions

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

### A. ACTIVITY INFORMATION:

**1. How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

*>>See Application Section 8 for Activity Delivery instructions<<*

*>>See Appendix E - Cost Categories for CDBG Activities<<*

**2. Is this activity a component of a housing combination (Housing Combo) program?**

Refer to the NOFA (pages 2 and 37) for an explanation of this program.

**3. Description of Activity:**

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how.

**4. Who will carry out this activity?**

For this specific activity, who will be in charge of administering the program? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

**5. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate the pages where supporting documentation may be found.

*>>See Application Section 9 and Appendix F for additional information<<*

## HOMEOWNERSHIP ASSISTANCE - Instructions

### B. BENEFIT:

#### 1. **Service Area:**

Is the proposed Program going to be a Jurisdiction-wide Program, or will the Program be limited to a Targeted Area of the Jurisdiction?

- For a Target Area Program, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target areas, a map must be provided showing the exact Census Tract(s) and/or Block Group(s) being served.

*>>See Section 6 for Service Area instructions<<*

***Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Groups, or boundaries of the service area(s), with the application will result in no points being awarded under this section.***

#### 2. **Beneficiaries:**

Homeownership Assistance must benefit 100 percent TIG households. Of the proposed number of households to be assisted, indicate the number by TIG, LTIG and Extremely LTIG.

*>>See Section 5 for Targeted Income Group instruction<<*

#### 3. **Loans vs. Grants:**

Indicate the proposed number of loans and the proposed number of grants the jurisdiction anticipates for this activity.

### C. NEED FOR ACTIVITY:

The need for Homeownership Assistance is primarily based on Census information. Instructions and calculations for Census tables can be found in Appendix H.

For **County Target Area(s)**, service area determinations (Appendix C) will need to be performed before proceeding with census tables and calculations per Appendix H.

#### 1. **Homeownership Rate:**

The homeownership rate is the percent of owner- vs. renter-occupied housing units:

- From the 2000 US Census Summary File 1 Table DP-1 “*Housing Tenure*”, indicate the percentage of owner-occupied housing units.

## HOMEOWNERSHIP ASSISTANCE - Instructions

- Copy the “*Housing Tenure*” table and note the calculations on the table as to the percentages, and include the table and calculations in the application packet.

### 2. **Renter Overpayment:**

A household is considered overpaying rent when paying 25 percent or more of their income towards rent:

- From the 2000 US Census Summary File 3, Table DP-4, “*Selected Monthly Owner Costs as a Percentage of Household Income in 1999*”, indicate the percentage of renter-occupied households paying 25 percent or more of their income for housing.
- Copy the “*Selected Monthly Owner Costs as a Percentage of Household Income in 1999*” table and note the calculations on the table as to the percentages, and include the table and calculations in the application packet.

### 3. **Overcrowding:**

The Census defines an overcrowded housing units as one occupied by 1.01 persons or more per room (excluding bathrooms and kitchens). Applicants must use 2000 Census data for this number. The total includes owner-occupied units **and** renter-occupied units. The information in this table is based on the 2000 Census Summary File 3, #20 Tenure by Occupants per Room. Each Target Area will require a separate set of census table that includes only the applicable census track(s)/block group(s).

### 4. **Local Demand:**

Document local market conditions for the need of a Homeownership Assistance program.

### 5. **Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community’s worsened homeownership rate and/or worsened overcrowding needs. The Worsened Condition must be **specific and unique to your jurisdiction**.

For example, if the Census data for overcrowding does not accurately depict the community’s need in that category, please attach third-party documentation showing the community’s worsened needs and indicate the page numbers where the documentation can be found within the application. Supplemental information shall not be older than five years from this year’s application filing date and must be specific to the community.

## HOMEOWNERSHIP ASSISTANCE - Instructions

### D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

#### 1. **Activity Administrator:**

How will this activity be administered? *(Check all that apply.)*

- In-house:
  - Include supporting documentation to show grantee staff experience.
  - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
  - Provide a draft or executed subrecipient agreement.
- Procured:
  - Descriptions of experience administering CDBG grants.
  - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
  - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

#### 2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. If consultation with SHPO is applicable, please include all SHPO correspondence,

#### 3. **Site Control:**

Check the appropriate box(es) and submit the documentation required.

**Note:** Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

## HOMEOWNERSHIP ASSISTANCE - Instructions

### 4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required, and write in the page number in the application where the documentation may be found. A partial list of acceptable readiness items are listed in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

### 5. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

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## HOMEOWNERSHIP ASSISTANCE - Forms

### TABLE OF CONTENTS

*\*Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Homeownership Assistance (all pgs)	Select		
State Objectives	Select		
<b>BENEFIT</b>			
Service Area Documentation	Select		
Income Documentation	Select		
Other: _____	Select		
<b>NEED</b>			
Homeownership Rate	Select		
Overpayment	Select		
Overcrowding	Select		
Local Demand	Select		
Worsened Conditions	Select		
Additional Supporting Documentation (list): _____	Select		
<b>READINESS</b>			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
PI Reuse Plan	Select	Select	
Homeownership Assist. Guidelines	Select	Select	
Existing Program Continued	Select		
Potential Client List	Select	Select	
Pre-Qualified Applicants List	Select	Select	
Marketing Plan	Select		
Sources/Uses/Timeline	Select		
Other: _____	Select		
Other: _____	Select		
Program Income Guidelines	Select		

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## HOMEOWNERSHIP ASSISTANCE - Forms

**A. ACTIVITY INFORMATION:**

**1. How much is being requested for this activity?**

\$\_\_\_\_\_ = \$\_\_\_\_\_ + \$\_\_\_\_\_

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

**2. Is this activity a component of a Housing Combo program?**

Yes

No

**3. Description of Activity:** *(See instructions.)*

\_\_\_\_\_

**4. Who will be the Activity Administrator?** *(Check all that apply.)*

Jurisdiction (Applicant)

Consultant/Contractor (For-Profit entity)

Non-Profit as Subrecipient

CHDO (Community Housing Development Organization)

Another unit of local government

Another public agency

Non-Profit's not acting as Subrecipients

Faith-based organization

Institution of higher education

Name of all agencies/organizations indicated above:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

**5. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

>>See Application Section 9 and Appendix F for additional information<<

State Objective for this specific activity:	Application Page #
1.	
2.	

## HOMEOWNERSHIP ASSISTANCE - Forms

**B. BENEFIT:**

**1. Service Area: (Check only one.)**

Jurisdiction-wide Homeownership Assistance Program

Target Area(s) Homeownership Assistance Program.

**(County applicants only).** Identify the Target Area(s) by Census Tract(s) and Block Group(s) and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): \_\_\_\_\_

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

**2. Beneficiaries (number of households):**

All Homeownership Assistance activities are income restricted and benefit 100 percent TIG.

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

**3. Estimated number of:**

\_\_\_\_\_ Loans

\_\_\_\_\_ Grants

**C. NEED FOR ACTIVITY:**

***For assistance calculating Census information, please refer to Appendix H.***

**1. Homeownership Rate:**

This table will indicate the total percentage of the jurisdiction's owner-occupied housing units. Be sure to attach the applicable Census Table(s), and show the calculations on the table as to the percentages.

## HOMEOWNERSHIP ASSISTANCE - Forms

Enter the percentage of owner- vs. renter-occupied housing units as shown in the 2000 Census Summary File 1, Table DP-1	<b>Homeownership Rate</b>	<b>%</b>
---	---------------------------	----------

Homeownership rate Census Table and calculations on page(s): \_\_\_\_\_

**2. Renter Overpayment:**

This table will indicate the total percentage of the jurisdiction's renters that are paying 25 percent or more (overpayment) of their income towards rent. Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of renter-occupied housing units that are paying 25 percent or more of their income towards rent, as shown in the 2000 Census Summary File 3, Table DP-4	<b>Renter Overpayment</b>	<b>%</b>
---	---------------------------	----------

Renter overpayment census table and calculations on page(s): \_\_\_\_\_

**3. Overcrowding:**

This table will indicate the total percentage of the jurisdiction's housing stock that is overcrowded (1.01 or more occupants per room). Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	<b>Overcrowding</b>	<b>%</b>
--	---------------------	----------

Overcrowding census table and calculations on page(s): \_\_\_\_\_

**4. Local Demand:**

- Waiting List. Page(s): \_\_\_\_\_
- Market Study. Page(s): \_\_\_\_\_
- Other (describe): \_\_\_\_\_ Page(s): \_\_\_\_\_

**5. Supplemental Information:**

*Check if providing supplemental information for.*

- Worsened Homeownership Rate       Worsened Housing Overcrowding

- a) Describe the worsened condition: \_\_\_\_\_
- b) Describe how this issue is specific to your community: \_\_\_\_\_

## HOMEOWNERSHIP ASSISTANCE - Forms

- c) List:
- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
  - The time period that the documentation supports as worsened (e.g., earthquake on 1/1/08; fire from 3/13/08-5/17/08, etc.), **AND**
  - The page numbers, in this application, where documentation can be found.

***Note:*** *For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.*

Description of Documentation:	Date of Doc.	Application Page #
1.		
2.		

### D. READINESS:

#### 1. **Activity Administrator:**

If funded, how will this activity be administered?

- In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- Subrecipient Agreement:  
 Draft     Executed     Other: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_
- Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):  
 Per Small Purchase Authority  
 By Competitive Proposal  
 By Non-Competitive/Sole-Source  
 Department approval documentation, pages: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_
- Combination of the above. Describe: \_\_\_\_\_

#### 2. **Environmental Review (check all applicable):**

- Environmental Finding Form (EFF)  
 Form 58.6  
 Rehabilitation Environmental Review (RER) excluding Appendix A  
 Environmental Assessment  
 SHPO Letter  
 Ready to Publish Notice  
 Ready to Sign Request for Release of Funds (RROF)

## HOMEOWNERSHIP ASSISTANCE - Forms

### 3. Site Control (Projects only):

Draft	Executed	
<input type="checkbox"/>	<input type="checkbox"/>	City/County owned site
<input type="checkbox"/>	<input type="checkbox"/>	Purchase Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Option to Purchase
<input type="checkbox"/>	<input type="checkbox"/>	Option to Lease
<input type="checkbox"/>	<input type="checkbox"/>	Leasehold Interest
<input type="checkbox"/>	<input type="checkbox"/>	Deed of Trust
<input type="checkbox"/>	<input type="checkbox"/>	Other documentation of Site Control – List

### 4. Other Readiness Documentation Provided:

- Sources/Uses/Timeline
- Homeownership Assistance Program Guidelines
- Program Income Reuse Plan
- Marketing Plan
- List of pre-qualified Applicants
- Existing Program Continued

### 5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

**HOMEOWNERSHIP ASSISTANCE - Forms**

**HOMEOWNERSHIP ASSISTANCE – ALL FUNDING SOURCES**

USES	SOURCES							
ACTIVITY	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Totals:	\$	\$	\$	\$	\$	\$	\$	\$

## REAL PROPERTY ACQUISITION - Instructions

CDBG allowability for a Real Property Acquisition activity is based on the use of the acquired real property after acquisition (end use).

### IMPORTANT CHANGES

- ***For the formerly titled “Housing Acquisition/First-time Homebuyer” program, use the Homeownership Assistance Activity Forms and Instructions.***
- ***For non-housing related acquisition, use the other appropriate activity forms (e.g., public facilities, public improvements).***
- ***For a housing project, continue with the Real Property Acquisition instructions and corresponding forms.***
- ***For any other type of Real Property Acquisition, please refer to the NOFA (page 33) to determine eligibility or contact a CDBG Representative for instructions.***

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

#### **A. ACTIVITY INFORMATION:**

##### **1. How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

>>See Application Section 8 for Activity Delivery Percentage instructions<<

>>See Appendix E - Cost Categories for CDBG Activities<<

##### **2. What type of Acquisition Activity is being proposed?**

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

[http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref\\_man\\_b.pdf](http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref_man_b.pdf)

## REAL PROPERTY ACQUISITION - Instructions

3. **Indicate the location of the proposed acquisition.**  
Include the address and, if available, attach maps/photos.

4. **Description of Activity:**  
Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on urgent need of health and safety services.

Include information about the total project cost, funding by source, how CDBG funds will be used and the number of housing units/households assisted.

**Example:** The County of PDQ will use the \$500,000 to assist the NP Housing Development Corporation (NPHDC) to purchase a rental housing project consisting of 50 units, located in the rural Vista community in the Northwest area of the County. These units are currently occupied by 10 TIG and 40 LTIG households, and we expect this mix to be maintained. The balance of funding for this \$2 million project will be provided by a CHFA loan in the amount of \$1,400,000 and a FHLB Affordable Housing Program grant of \$100,000.

Describe and document how the applicant will ensure the Real Property Acquisition and the final use of the property will be maintained as a CDBG eligible use in the future.

5. **Who will carry out this activity?**  
For this specific activity, who will be in charge of administering the program/project. If it will be a combination, check all appropriate boxes and list the name(s), as indicated.
6. **What are some of the Milestones associated with this activity?**  
Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.
7. **State Objectives:**  
If you are claiming state objective points for this activity, note which objective(s) and indicate the pages where supporting documentation may be found.

>>See Application Section 9 and Appendix F for additional information<<

## REAL PROPERTY ACQUISITION - Instructions

### B. BENEFIT:

1. **Beneficiaries:** See Section 5 and Appendix B for Beneficiary Instructions.

2. **Number of households who will benefit:**

Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, LTIG and Extremely LTIG.

>>See Section 5 for Targeted Income Group (TIG) instruction<<

If a multi-family mixed income project is proposed, CDBG funds can only be used to rehabilitate the units of TIG households. Common improvements like roofs and exterior painting can be pro-rated based on percentage of TIG units being served.

**Note:** Occupancy/use by the beneficiaries must occur by the CDBG contract expiration date.

3. **Percentage of TIG housing units benefiting from this proposed activity:**

Answer the questions and follow steps to determine percentage.

### C. NEED FOR ACTIVITY:

The need for Real Property Acquisition is primarily based on Census information. Instructions and calculations for Census Tables can be found in Appendix H.

1. **Homeownership Rate:**

The homeownership rate is the percent of owner- vs. renter-occupied housing units.

- From the 2000 US Census Summary File 1 Table DP-1 "*Housing Tenure*", indicate the percentage of owner-occupied housing units.
- Copy the "*Housing Tenure*" table and note the calculations on the table as to the percentages, and include the table and calculations in the application packet.

2. **Renter Overpayment:**

A household is considered overpaying rent when paying 25 percent or more of their income towards rent.

- From the 2000 US Census Summary File 3, Table DP-4, "*Selected Monthly Owner Costs as a Percentage of Household Income in 1999*", indicate the percentage of renter-occupied households paying 25 percent or more of their income for housing.

## REAL PROPERTY ACQUISITION - Instructions

- Copy the “*Selected Monthly Owner Costs as a Percentage of Household Income in 1999*” table and note the calculations on the table as to the percentages, and include the table and calculations in the application packet.

### 3. **Overcrowding:**

The Census defines an overcrowded housing units as one occupied by 1.01 persons or more per room (excluding bathrooms and kitchens). Applicants must use 2000 Census data for this number. The total includes owner-occupied units **and** renter-occupied units. The information in this table is based on the 2000 Census Summary File 3, #20 Tenure by Occupants per Room. Each Target Area will require a separate set of census table that includes only the applicable census track(s)/block group(s). Proposed multi-family housing projects must use jurisdiction-wide data.

### 4. **Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community’s worsened homeownership rate and/or worsened overcrowding needs. The Worsened Condition must be **specific and unique to your jurisdiction**.

For example, if the Census data for overcrowding does not accurately depict the community’s need in that category, please attach third-party documentation, showing the community’s worsened needs and indicate the page numbers where the documentation can be found within the application. Supplemental information shall not be older than five years from this year’s application filing date and must be specific to the community.

### D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

## REAL PROPERTY ACQUISITION - Instructions

### 1. Activity Administrator:

How will this activity be administered? (*Check all that apply.*)

- In-house:
  - Include supporting documentation to show grantee staff experience.
  - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
  - Provide a draft or executed subrecipient agreement.
- Procured:
  - Descriptions of experience administering CDBG grants.
  - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
  - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

### 2. Environmental Review:

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. If consultation with SHPO is applicable, please include all SHPO correspondence,

### 3. Site Control:

Check the appropriate box(es) and submit the documentation required.

**Note:** Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

### 4. Other Readiness Documentation:

Check the appropriate box(es), submit the documentation required, and write in the page number in the application where the documentation may be found. A partial list of acceptable readiness items are listed in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

## REAL PROPERTY ACQUISITION - Instructions

### 5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

## REAL PROPERTY ACQUISITION - Forms

### TABLE OF CONTENTS

*\*Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Real Property Acq. Forms (all pgs)	Select		
State Objectives	Select		
<b>BENEFIT</b>			
Service Area Documentation	Select		
Income Documentation	Select		
Other: _____	Select		
<b>NEED</b>			
Homeownership Rate	Select		
Overpayment	Select		
Overcrowding	Select		
Local Demand	Select		
Worsened Conditions	Select		
Additional Supporting Documentation (list): _____	Select		
<b>READINESS</b>			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
PI Reuse Plan	Select	Select	
Homeownership Assist. Guidelines	Select	Select	
Existing Program Continued	Select		
Potential Client List	Select	Select	
Pre-Qualified Applicants List	Select	Select	
Marketing Plan	Select		
Sources/Uses/Timeline	Select		
Other: _____	Select		
Other: _____	Select		
	Select		

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## REAL PROPERTY ACQUISITION - Forms

### A. ACTIVITY INFORMATION:

**1. How much is being requested for this activity?**

\$\_\_\_\_\_ = \$\_\_\_\_\_ + \$\_\_\_\_\_

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

**2. What type of acquisition is being proposed?**

- Acquisition of existing multi-family housing.
- Acquisition of existing mobile home park.
- Acquisition of rental housing, the majority of which is unoccupied.
- Acquisition of land for: \_\_\_\_\_
- Other Acquisition for a Housing Activity.  
Describe: \_\_\_\_\_
- Other Acquisition:  
Describe: \_\_\_\_\_

**3. Location of site(s) where activity will occur:**

\_\_\_\_\_

Does the Applicant currently have site control?

- Yes                       No

**4. Description of Activity and proposed final use: (See instructions.)**

\_\_\_\_\_

**5. Who will be the Activity Administrator? (Check all that apply.)**

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profit's not acting as Subrecipients
- Faith-based organization
- Institution of higher education

Name of all agencies/organizations indicated above:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**6. Timeline/Schedule/Milestones:**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

## REAL PROPERTY ACQUISITION - Forms

<b>Activity Milestones</b>		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**7. State Objectives:**

If you are claiming State Objective points for this activity, note items below:

*>>See Application Section 9 and Appendix F for additional information<<*

State Objective for this specific activity:	Application Page #
1.	
2.	

**B. BENEFIT:**

*Answer the questions and follow the prompts below to determine project eligibility based on beneficiaries.*

1. **Does the applicant propose to assist a senior housing project?**
  - Yes. STOP, the project does not meet the TIG National Objective and is **ineligible**.
  - No. Continue with question #2.
  
2. **How many total housing units are included in the project?** \_\_\_\_\_
  
3. **What percentage of housing units benefiting from this proposed activity are TIG households?** \_\_\_\_\_ %
  - If proposing assistance for development of **individual-ownership housing**, there must be 100 percent TIG benefit. If 100%, Skip to Section C.  
If individual-ownership is less than 100%, STOP. The project does not meet the TIG National Objective and is **ineligible**.
  - If proposing assistance for the development of **rental housing**, CONTINUE with the questions below.

## REAL PROPERTY ACQUISITION - Forms

### Rental Housing:

If the answer to question #3 is:

- 51% or greater, Skip to Section C.
- Between 20% and 50%, CONTINUE with the questions below.
- Less than 20%, STOP. The project does not meet the TIG National Objective and is **ineligible**.

### TIG benefit based on project cost:

\$ \_\_\_\_\_ Total Development Costs (TDC) for the project.

\$ \_\_\_\_\_ Total CDBG funds requested for this project.

\_\_\_\_\_ % Percentage of CDBG funds relevant to TDC.

Is the percentage of CDBG funds equal to or less than the percentage of TIG households?

- Yes. Project meets the TIG National Objective for this activity.
- No. Project does not meet the TIG National Objective and is **ineligible**.

#### 4. Beneficiaries (number of units):

Of the eligible units noted above, separate the TIG households by the following TIG ranges:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

### C. NEED FOR ACTIVITY:

For assistance calculating census information, please refer to Appendix H.

#### 1. Homeownership Rate:

This table will indicate the total percentage of the jurisdiction's owner-occupied housing units. Be sure to attach the applicable Census Table(s), and show the calculations on the table as to the percentages.

Enter the percentage of owner- vs. renter-occupied housing units as shown in the 2000 Census Summary File 1, Table DP-1	<b>Homeownership Rate</b>	%
---	---------------------------	---

## REAL PROPERTY ACQUISITION - Forms

Homeownership rate Census Table and calculations on page(s): \_\_\_\_\_

**2. Renter Overpayment:**

This table will indicate the total percentage of the jurisdiction's renters that are paying 25 percent or more (overpayment) of their income towards rent. Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of renter-occupied housing units that are paying 25 percent or more of their income towards rent, as shown in the 2000 Census Summary File 3, Table DP-4	<b>Renter Overpayment</b>	<b>%</b>
---	-------------------------------	----------

Renter overpayment census table and calculations on page(s): \_\_\_\_\_

**3. Overcrowding:**

This table will indicate the total percentage of the jurisdiction's housing stock that is overcrowded (1.01 or more occupants per room). Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	<b>Overcrowding</b>	<b>%</b>
--	---------------------	----------

Overcrowding census table and calculations on page(s): \_\_\_\_\_

**4. Local Demand:**

- Waiting List. Page(s): \_\_\_\_\_
- Market Study. Page(s): \_\_\_\_\_
- Other (describe): \_\_\_\_\_ Page(s): \_\_\_\_\_

**5. Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community's worsened homeownership rate and/or worsened overcrowding needs. Provide all information that is requested.

*Check if providing supplemental information for.*

- Worsened Homeownership Rate       Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community?

\_\_\_\_\_

## REAL PROPERTY ACQUISITION - Forms

- c) List:
- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
  - The time period that the documentation supports as worsened (e.g., earthquake on 1/1/08; fire from 3/13/08-5/17/08, etc.), **AND**
  - The page numbers, in this application, where documentation can be found.

*Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.*

Description of Documentation:	Date of Doc.	Application Page #
1.		
2.		

### D. READINESS:

#### 1. **Activity Administrator:**

If funded, how will this activity be administered?

- In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- Subrecipient Agreement:  
 Draft     Executed     Other: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_
- Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):  
 Per Small Purchase Authority  
 By Competitive Proposal  
 By Non-Competitive/Sole-Source  
 Department approval documentation, pages: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_
- Combination of the above. Describe: \_\_\_\_\_

#### 2. **Environmental Review (check all applicable):**

- Environmental Finding Form (EFF)  
 Form 58.6  
 Rehabilitation Environmental Review (RER) excluding Appendix A  
 Environmental Assessment  
 SHPO Letter  
 Ready to Publish Notice  
 Ready to Sign Request for Release of Funds (RROF)

## REAL PROPERTY ACQUISITION - Forms

### 3. Site Control (Projects only):

Draft	Executed	
<input type="checkbox"/>	<input type="checkbox"/>	City/County owned site
<input type="checkbox"/>	<input type="checkbox"/>	Purchase Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Option to Purchase
<input type="checkbox"/>	<input type="checkbox"/>	Option to Lease
<input type="checkbox"/>	<input type="checkbox"/>	Leasehold Interest
<input type="checkbox"/>	<input type="checkbox"/>	Deed of Trust
<input type="checkbox"/>	<input type="checkbox"/>	Other documentation of Site Control – List

### 4. Other Readiness Documentation Provided:

- Sources/Uses/Timeline
- Homeownership Assistance Program Guidelines
- Program Income Reuse Plan
- Marketing Plan
- List of pre-qualified Applicants
- Existing Program Continued

**REAL PROPERTY ACQUISITION - Forms**

**REAL PROPERTY ACQUISITION – ALL FUNDING SOURCES**

USES	SOURCES							
ACTIVITY	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Totals:	\$	\$	\$	\$	\$	\$	\$	\$

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## PUBLIC SERVICES - Instructions

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

***If multiple services are proposed, complete one set of Public Service Activity forms for each service.***

### A. ACTIVITY INFORMATION:

**1. How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

>>See Application Section 8 for Activity Delivery instructions<<

>>See Appendix E - Cost Categories for CDBG Activities<<

**2. What type of Public Service will be provided?**

Check the type of service that will be provided. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

[http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref\\_man\\_b.pdf](http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref_man_b.pdf)

**3. Description of Activity:**

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on urgent need of health and safety services.

If the applicant is proposing a combination activity, explain all aspects of these activities. If the project involves activities that will involve various user groups, describe the uses of the facility and include estimates for projected square footage use by each group.

**4. Location of site where the service will be carried out:**

Indicate the specific location where the program will be carried out. Check the appropriate box if the jurisdiction has site control of the location.

## PUBLIC SERVICES - Instructions

**5. Who will carry out this activity?**

For this specific activity, who will be in charge of administering the program? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

**6. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

*>>See Application Section 9 and Appendix F for additional information<<*

**B. BENEFIT:**

**1. Service Area:**

Will the proposed Public Services benefit the entire Jurisdiction, or will the Public Services primarily benefit a Targeted Area of the Jurisdiction?

- For Target Areas that match census tracks/blocks, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target Areas, a map must be provided showing the exact boundaries of the area being served.

*>>See Application Section 6 for Service Area instructions<<*

***Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the services area(s), with the application will result in no points being awarded under this section.***

**2. Beneficiaries:**

What types of people will benefit from this public service?

**3. Number of people who will benefit:**

Under each column, identify the proposed number of people who will benefit by each specific income group.

*>>See Application Section 5 for Beneficiary instructions<<*

## PUBLIC SERVICES - Instructions

### C. NEED FOR ACTIVITY:

Answers questions 1 – 5 and complete the need matrix. Attach appropriate supporting documentation under each need criteria.

1. **What level of service is needed?**
2. **How was the need determined?**
3. **Availability of similar services.**
4. **Problem if the service is not provided, continued or expanded.**
5. **How will CDBG funding solve the problem?**
6. **Supporting Documentation:**
  - The Department will assess the relative need for the activity based on documentation demonstrating that: a serious problem exists; there is an unmet demand or need, and the extent to which the service would solve the problem.
  - Use the following “Public Services Need Documentation Matrix” to:
    - document the severity of the problem;
    - document the extent to which the service would solve the problem;
    - provide additional supporting documentation.
  - Identify documentation pertaining to one of the three need criteria and identify how they quantify the problem:

The most competitive applications will address a serious threat to the health, safety or well-being of the proposed beneficiaries. Applications with quantitative documentation of the problem may be more competitive. Such documentation could include, but not be limited to, waiting list information and data from government agencies. In rating and ranking the proposed activities, the Department will assign points based on the relative severity of problems among all applications.

### D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

## PUBLIC SERVICES - Instructions

### 1. **Activity Administrator:**

How will this activity be administered? (*Check all that apply.*)

- In-house:
  - Include supporting documentation to show grantee staff experience.
  - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
  - Provide a draft or executed subrecipient agreement.
- Procured:
  - Descriptions of experience administering CDBG grants.
  - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
  - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

### 2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. If consultation with SHPO is applicable, please include all SHPO correspondence,

### 3. **Site Control:**

Check the appropriate box(es), submit the documentation required.

**Note:** Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

### 4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required, and write in the page number in the application where the documentation may be found. A partial list of acceptable readiness items are listed in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

## PUBLIC SERVICES - Instructions

### 5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

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## PUBLIC SERVICES - Forms

### TABLE OF CONTENTS

*\*Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Services Forms (this activity)	Select		
State Objectives	Select		
<b>BENEFIT</b>			
Service Area Documentation	Select		
Income Documentation	Select		
Other: _____	Select		
<b>NEED</b>			
Current Level of Service	Select		
Need Determination- Proposed Beneficiaries	Select		
Need Determination- Existing Beneficiaries	Select		
Need Determination- Unmet Demand	Select		
Availability of Similar Services	Select		
Description – Service Not Provided	Select		
Description - Service Will Solve Need	Select		
Need Documentation	Chart		
<b>READINESS</b>			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Site Control	Select		
Sources and Uses Form	Select		
Program Income Reuse Plan	Select	Select	
Other Readiness	Select		

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## PUBLIC SERVICES - Forms

***If multiple services are proposed, complete one set of Public Service Activity forms for each service.***

### A. ACTIVITY INFORMATION:

**1. How much is being requested for this activity?**

\$\_\_\_\_\_ = \$\_\_\_\_\_ + \$\_\_\_\_\_

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

**2. What type of Public Service will be provided? (Select only one.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Senior Services (05A)             | <input type="checkbox"/> Tenant/Landlord Counseling (05K)  |
| <input type="checkbox"/> Services for the Disabled (05B)   | <input type="checkbox"/> Child Care Services (05L)         |
| <input type="checkbox"/> Legal Services (05C)              | <input type="checkbox"/> Health Services (05M)             |
| <input type="checkbox"/> Youth Service (05D)               | <input type="checkbox"/> Abused & Neglected Children (05N) |
| <input type="checkbox"/> Transportation Services (05E)     | <input type="checkbox"/> Mental Health Services (05O)      |
| <input type="checkbox"/> Substance Abuse Services (05F)    | <input type="checkbox"/> Screening for Lead (05P)          |
| <input type="checkbox"/> Battered and Abused Spouses (05G) | <input type="checkbox"/> Subsistence Payments (05Q)        |
| <input type="checkbox"/> Employment Training (05H)         | <input type="checkbox"/> Security Deposits (05T)           |
| <input type="checkbox"/> Crime Awareness (05I)             | <input type="checkbox"/> Homeless/AIDS Programs (03T)      |
| <input type="checkbox"/> Fair Housing (05J)                | <input type="checkbox"/> Other Public Services (05)        |

(specify): \_\_\_\_\_

**3. Location of site(s) where activity will occur:**

\_\_\_\_\_

Does the Applicant currently have site control?

Yes       No

**4. Description of the Activity: (See instructions.)**

\_\_\_\_\_

**5. Who will be the Activity Administrator? (Check all that apply.)**

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profit's not acting as Subrecipients
- Faith-based organization
- Institution of higher education

**PUBLIC SERVICES - Forms**

**Name of all agencies/organizations indicated above:**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**6. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

>>See Application Section 9 and Appendix F for additional information<<

State Objective for this specific activity:	Application Page #
1.	
2.	

**B. BENEFIT:**

**1. Service Area: (Check only one.)**

- Entire Jurisdiction
- Target Area(s):

Identify the Target Area(s) by Census Tract(s) and Block Group(s) and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): \_\_\_\_\_

<b>Census Tract</b>					
<b>Block Group(s)</b>					

**2. Beneficiaries (people):**

- Income Restricted (100 percent TIG)
- Limited Clientele (List type): \_\_\_\_\_
- Primarily TIG (List % of total): \_\_\_\_\_
  - Based on HUD Low/Mod charts
  - Based on survey documentation of **existing** beneficiaries  
Existing beneficiaries survey/results on page(s)\_\_\_\_\_

## PUBLIC SERVICES - Forms

### 3. Number of people who will benefit:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People

### C. NEED FOR ACTIVITY:

#### 1. What level of service needed?

- A new service.
- An existing service to be continued, but for which funding has been or will be decreased.
  - Currently funded by: \_\_\_\_\_
  - Describe current financial situation: \_\_\_\_\_
  - Page(s) current financial statement located in application: \_\_\_\_\_
  - Date all existing funding will end: \_\_\_\_\_
- An existing service to be increased.
  - Currently funded by: \_\_\_\_\_
  - Describe current financial situation: \_\_\_\_\_
  - Anticipated increase in service: \_\_\_\_\_ %
  - Page(s) current financial statement located in application: \_\_\_\_\_
  - Page(s) where quantification documentation is included: \_\_\_\_\_

#### 2. How was the need for this Activity determined?

- Need survey of **proposed** Beneficiaries
  - Proposed to serve: \_\_\_\_\_ (#)  
Per: Day Week Month
- Need survey of **existing** Beneficiaries
  - Currently serve: \_\_\_\_\_ (#)  
Per: Day Week Month
- Unmet demand
  - People on a waiting list: \_\_\_\_\_ (#)  
Per: Day Week Month
  - People turned away: \_\_\_\_\_ (#)  
Per: Day Week Month
  - Other (*describe*): \_\_\_\_\_

## PUBLIC SERVICES - Forms

**3. Are there similar services currently being provided within the community?**

No. *If no, skip to Section 2, below.*

Yes.

- If yes, where are they being provided? \_\_\_\_\_  
*Include a map with the location(s) of similar services.*
- If yes, are there any special impediments for TIG households to access the existing services?

No. *If no, skip to Section 2, below.*

Yes.

- If yes, what are the impediments? *Check all that apply and describe each one.*

Transportation: \_\_\_\_\_

ADA access: \_\_\_\_\_

Other: \_\_\_\_\_

**4. Describe the problem if is this service is not provided, continued or expanded:**

\_\_\_\_\_

**5. Explain how and to what extent the proposed activity will solve the problem.**

\_\_\_\_\_

**6. Additional supporting documentation for this specific Public Service.**

- Letters from Non-Profit Organization(s)
- News articles regarding the need for the service.
- Third-party letters describing the direct **health and safety** impact.
- Documentation to support the need(s) must be less than 5 years old.
- Note the page numbers, in this application, where documentation can be found.

*Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the Public Services.*

**PUBLIC SERVICES - Forms**

**PUBLIC SERVICES NEED DOCUMENTATION MATRIX**

*\*Click on the box, drop-down menu or text box to enter information.*

Source	Type of Documentation	Quantification	Page # (in app.)
<b>NEED</b>			
Select	Select	Select	
Select	Select	Select	
<b>DOCUMENTATION SUPPORTING SEVERITY OF PROBLEM ADDRESSED</b>			
Select	Select	Select	
<b>DOCUMENTATION OF THE EXTENT TO WHICH THE PROPOSED SERVICE(S) WOULD SOLVE THE PROBLEM</b>			
Select	Select	Select	
<b>ADDITIONAL SUPPORTING DOCUMENTATION FOR PROPOSED PUBLIC SERVICE</b>			
Select	Select	Select	

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## PUBLIC SERVICES - Forms

### D. READINESS:

#### 1. **Activity Administrator:**

If funded, how will this activity be administered?

- In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
  
- Subrecipient Agreement:
  - Draft       Executed       Other: \_\_\_\_\_
  - Term of the agreement: \_\_\_\_\_
  
- Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
  - Per Small Purchase Authority
  - By Competitive Proposal
  - By Non-Competitive/Sole-Source
  - Department approval documentation, pages: \_\_\_\_\_
  - Term of the agreement: \_\_\_\_\_
  
- Combination of the above. Describe: \_\_\_\_\_

#### 2. **Environmental Review (check all applicable):**

- Environmental Finding Form (EFF)
- Form 58.6
- Rehabilitation Environmental Review (RER) excluding Appendix A
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice
- Ready to Sign Request for Release of Funds (RROF)

#### 3. **Site Control (Projects only):**

- | Draft                    | Executed                 |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

#### 4. **Other Readiness Documentation:**

- Sources and Uses Form
- PI Reuse Plan
- Other: \_\_\_\_\_

**PUBLIC SERVICES - Forms**

**PUBLIC SERVICES – ALL FUNDING SOURCES**

USES	SOURCES							
ACTIVITY	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Totals:	\$	\$	\$	\$	\$	\$	\$	\$

## PUBLIC FACILITIES - Instructions

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

***CDBG eligibility of public facilities is based on the “Need” of the public service(s) that will be provided within that facility. If you have questions about this requirement, please contact a CDBG Representative.***

### A. ACTIVITY INFORMATION:

#### 1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

>>See Application Section 8 for Activity Delivery instructions<<

>>See Appendix E - Cost Categories for CDBG Activities<<

#### 2. **How will the requested CDBG funds be used?**

##### a) Select the type of project being proposed.

- Is there an exiting structure that will be acquired?
- Is there an existing facility that will be rehabilitated?
- Is there no current structure and one will be built for the purposed stated?
- Which portion of the project will be funded by CDBG and which portion will have other funding?
- Will it be a combination of activities and/or funding? Check all that apply.

##### b) Select the type of Public Facility that will result.

- For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

[http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref\\_man\\_b.pdf](http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref_man_b.pdf)

## PUBLIC FACILITIES - Instructions

### 3. How many Public Service Activities will be provided at the facility?

The need for the facility is based on the basic and serious need for services being provided within the facility.

- If the applicant is applying for a Public Facility with more than one public service activity being conducted at the facility, the applicant must complete one set of activity "Need" forms for each Public Service Activity conducted within the facility.

***Failure to provide separate NEED forms for each Public Service will result in no points being awarded under this section.***

### 4. What type of Public Service will be provided at the proposed facility? (Select all that apply.)

For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

[http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref\\_man\\_b.pdf](http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref_man_b.pdf)

### 5. Location of site where the service will be carried out:

Indicate the specific location of the public facility. Check the appropriate box if the jurisdiction has site control of the location.

### 6. Description of the Project:

Provide a brief narrative description of the proposed project. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on urgent health and safety need for services that will be provided at the facility.

- If the applicant is proposing a public facility with more than one public service, explain all aspects of each service. If the project involves services that will benefit various user groups, describe each service to be housed in the facility and include estimates of square footage to be used by each group.
- Shared time usage by various services is not acceptable.
  - **Example 1:** The City of ABC will grant \$500,000 to the non-profit Battered Spouses Center, to purchase and rehabilitate a building to house battered spouses and their children. These funds represent the total cost of the project. The City estimates the Center will provide services to 50 persons per week, with an anticipated total of 250 persons for the term of the grant.

## PUBLIC FACILITIES - Instructions

- **Example 2:** The County of XYZ will use \$500,000 of CDBG funds to construct a health and social services center for the unincorporated community of “No Money”. A private individual is donating the land. The facility will be 3,600 sq. ft. (100%) in total. Of this, 1,000 sq. ft. (27.8%) will be used by the County Mental Health Department to provide services to migrant farmworkers who are all Targeted Income Group (TIG). Another 1,000 sq. ft. (27.8%) will be used to provide job training for TANF recipients (100 percent TIG). The remaining 1,600 sq. ft. (44.4%) will be used to provide a drug and alcohol abuse counseling and diversion program to primarily TIG clients.

**7. Who will be the Activity Administrator?**

For this specific activity, who will be in charge of administering the project? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

**8. What are some of the Milestones associated with this project?**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

**9. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

*>>See Application Section 9 and Appendix F for additional information<<*

**B. BENEFIT**

**1. Service Area:**

Will the proposed public service(s) provided at the facility benefit the entire jurisdiction, or will the public service(s) primarily benefit a Targeted Area within the Jurisdiction?

- For a Target Area that matches census tracts/blocks, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target Areas, a map must be provided showing the exact boundaries of the area being served.
- Mark the project on the map, as well as any neighboring, similar, public facilities.

*>>See Application Section 6 for Service Area Instructions<<*

***Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s) with the application will result in no points being awarded under this section.***

## PUBLIC FACILITIES - Instructions

**2. Beneficiaries:**

What types of people will benefit from this public service?

**3. Number of people who will benefit:**

Under each column, identify the proposed number of people who will benefit by each specific income group.

>>See Application Section 5 for Beneficiary instructions<<

**C. NEED FOR ACTIVITY:**

**1. Public Facility need documentation:**

If more than one public service will be conducted at the proposed facility, the applicant must complete one set of activity "NEED" forms for each proposed service in this application.

- a) If the applicant is also requesting CDBG public service funding, the NEED forms from that activity will suffice as documentation and do not need to be duplicated here.
- b) If the applicant is not requesting CDBG public service funding within this application, answer questions 2 – 5 and complete the Public Services Needs Documentation Matrix.

**2. What level of service is needed?**

**3. How was the need determined?**

**4. Availability of similar services.**

**5. Problem if the service is not provided, continued or expanded.**

**6. How will CDBG funding solve the problem?**

**7. Supporting Documentation:**

- The Department will assess the relative need for the activity based on documentation demonstrating that: a serious problem exists; there is an unmet demand or need, and the extent to which the service would solve the problem.
- Use the following "Public Services Need Documentation Matrix" to:
  - document the severity of the problem;
  - document the extent to which the service would solve the problem; and
  - provide additional supporting documentation.
- Identify documentation pertaining to one of the three need criteria and identify how they quantify the problem:

## PUBLIC FACILITIES - Instructions

The most competitive applications will address a serious threat to the health, safety or well-being of the proposed beneficiaries. Applications with quantitative documentation of the problem may be more competitive. Such documentation could include, but not be limited to, waiting list information and data from government agencies. In rating and ranking the proposed activities, the Department will assign points based on the relative severity of problems among all applications.

### D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

#### 1. **Activity Administrator:**

How will this activity be administered? (*Check all that apply.*)

- In-house:
  - Include supporting documentation to show grantee staff experience.
  - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
  - Provide a draft or executed subrecipient agreement.
- Procured:
  - Descriptions of experience administering CDBG grants.
  - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
  - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

#### 2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. If consultation with SHPO is applicable, please include all SHPO correspondence,

## PUBLIC FACILITIES - Instructions

### 3. **Site Control:**

Check the appropriate box(es), submit the documentation required.

**Note:** Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

### 4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required, and write in the page number in the application where the documentation may be found. A partial list of acceptable readiness items are listed in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

### 5. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

**PUBLIC FACILITIES - Forms**

**TABLE OF CONTENTS**

*\*Click on the box, drop-down menu or text box to enter information.*

<b>ACTIVITY</b>	<b>SELECT</b>	<b>DOCUMENTATION</b>	<b>PAGE(S)</b>
Public Facility Forms (all pgs)	Select		
Timeline/Schedule/Milestones	Select		
State Objectives	Select		
<b>BENEFIT</b>			
Service Area Documentation	Select		
Income Documentation	Select		
<b>NEED</b>			
Current Level of Service	Select		
Need Determination- Proposed Beneficiaries	Select		
Need Determination- Existing Beneficiaries	Select		
Need Determination- Unmet Demand	Select		
Availability of Similar Services	Select		
Description – Service Not Provided	Select		
Description - Service Will Solve Need	Select		
Need Documentation	Chart		
<b>READINESS</b>			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Statutory Worksheet	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice	Select		
Ready to Sign RROF	Select		
Site Control	Select	Select	
Sources and Uses Form	Select		
Program Income Reuse Plan	Select	Select	
Anti-Displacement/Relocation Plan	Select		
Architect 504 Certification	Select		
Preliminary Plans and Specs	Select		
Draft Use Limitation Agreement	Select	Select	

**PUBLIC FACILITIES - Forms**

Bid Package	Select	Select	
Local Approvals	Select		
Cost Estimate	Select	Select	
Draft Construction Contract	Select		
Other Readiness:			

## PUBLIC FACILITIES - Forms

### A. ACTIVITY INFORMATION:

**1. How much is being requested for this activity?**

\$ \_\_\_\_\_ = \$ \_\_\_\_\_ + \$ \_\_\_\_\_

Total \$\$ Requested for this Activity = Activity \$\$ + Activity Delivery \$\$

**2. How will the requested CDBG funds be used?**

a. Type of Project. *Select all that apply.*

	w/CDBG funding	w/other funding
<input type="checkbox"/> Acquisition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Construction	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe): _____		

b. Type of Public Facility. *Select only one.*

- Senior Center (03A)
- Centers for the Disabled/Handicapped (03B)
- Homeless Facility - not operating costs (03C)
- Youth Center/Facility (03D)
- Neighborhood Facilities (03E)
- Parks, Recreational Facilities (03F)
- Parking Facilities (03G)
- Solid Waste Disposal Facilities (03H)
- Flood and Drainage Facilities (03I)
- Other (specify): \_\_\_\_\_

**3. How many Public Services will be provided at this facility?**

One Public Service: List: \_\_\_\_\_

More than one Public Service: List all: \_\_\_\_\_

*If more than one Public Service will be conducted within the proposed facility, the applicant **must** complete one set of activity “**NEED**” forms (Section B) for **each** proposed service.*

Public Service Activity(s), as noted above, and other non-public service activities. Explain: \_\_\_\_\_

## PUBLIC FACILITIES - Forms

4. **What type of Public Service will be provided at this facility?** Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Senior Services (05A)           | <input type="checkbox"/> Tenant/Landlord Counseling (05K)  |
| <input type="checkbox"/> Services for the Disabled (05B) | <input type="checkbox"/> Child Care Services (05L)         |
| <input type="checkbox"/> Legal Services (05C)            | <input type="checkbox"/> Health Services (05M)             |
| <input type="checkbox"/> Youth Service (05D)             | <input type="checkbox"/> Abused & Neglected Children (05N) |
| <input type="checkbox"/> Transportation Services (05E)   | <input type="checkbox"/> Mental Health Services (05O)      |
| <input type="checkbox"/> Substance Abuse Services (05F)  | <input type="checkbox"/> Screening for Lead (05P)          |
| <input type="checkbox"/> Battered & Abused Spouses (05G) | <input type="checkbox"/> Subsistence Payments (05Q)        |
| <input type="checkbox"/> Employment Training (05H)       | <input type="checkbox"/> Security Deposits (05T)           |
| <input type="checkbox"/> Crime Awareness (05I)           | <input type="checkbox"/> Homeless/AIDS Programs (03T)      |
| <input type="checkbox"/> Fair Housing (05J)              | <input type="checkbox"/> Other Public Services (05)        |

(Specify): \_\_\_\_\_

5. **Where will this public facility be located?**

\_\_\_\_\_

Does the Applicant currently have site control?

- Yes                       No

6. **Description of Project:** (See instructions.)

\_\_\_\_\_

7. **Who will be the Activity Administrator?** Check all that apply.

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Recognized Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profit's not acting as Subrecipient
- Faith-based organization
- Institution of higher education

**Name of all agencies/organizations indicated above:**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**PUBLIC FACILITIES - Forms**

- 8. Timeline/Schedule/Milestones:**  
 Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

- 9. State Objectives:**  
 If you are claiming State Objective points for this activity, note items below:

>>See Application Section 9 and Appendix F for additional information<<

State Objective for this specific activity:	Application Page #
1.	
2.	

**B. BENEFIT**

- 1. Service Area: (Check only one.)**

Entire Jurisdiction

Target Area

Identify the Service Area(s) by Census Tract(s) and Block Group(s) and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): \_\_\_\_\_

<b>Census Tract</b>					
<b>Block Group(s)</b>					

## PUBLIC FACILITIES - Forms

**2. Beneficiaries (people):**

- Income Restricted (100 percent TIG)
- Limited Clientele (List type): \_\_\_\_\_
- Primarily TIG (List % of total): \_\_\_\_\_
- Based on HUD Low/Mod charts
- Based on survey documentation of existing beneficiaries  
Existing beneficiaries survey/results on page(s) \_\_\_\_\_
- Other (Explain): \_\_\_\_\_

**3. Number of people who will benefit:**

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People

**C. NEED FOR ACTIVITY:**

*If more than one public service will be conducted at the proposed facility, the applicant must complete one set of activity “NEED” forms for each proposed service.*

**1. Is the applicant also requesting CDBG funding for the proposed public service(s) at this facility?**

- Yes. You do not need to fill out this activity “Need” section. The Need will be determined by documentation submitted for the Public Service(s).
- No – continue with this activity “Need” section.

**2. What level of service needed?**

- A new service.
- An existing service to be continued.
  - Currently funded by: \_\_\_\_\_
  - Describe current financial situation: \_\_\_\_\_
  - Page(s) current financial statement located in application: \_\_\_\_\_
  - Date all existing funding will end: \_\_\_\_\_
- An existing service to be increased.
  - Currently funded by: \_\_\_\_\_
  - Describe current financial situation: \_\_\_\_\_
  - Anticipated increase in service: \_\_\_\_\_ %
  - Page(s) current financial statement located in application: \_\_\_\_\_

## PUBLIC FACILITIES - Forms

**3. How was the need for this Activity determined?**

- Need survey of **proposed** Beneficiaries
  - Proposed to serve: \_\_\_\_\_ (#) Per: Day/Week/Month
- Need survey of **existing** Beneficiaries
  - Currently serve: \_\_\_\_\_ (#) Per: Day/Week/Month
- Unmet demand
  - People on a Waiting List: \_\_\_\_\_ (#) Per: Day/Week/Month
  - People turned away: \_\_\_\_\_ (#) Per: Day/Week/Month
  - Other: *describe*: \_\_\_\_\_

**4. Are there similar services currently being provided within the community?**

- No. *If no, skip to Section 2, below.*
- Yes.
  - If yes, where are they being provided? \_\_\_\_\_  
*Include a map with the location(s) of similar services.*
  - If yes, are there any special impediments for TIG households to access the existing services?
    - No. *If no, skip to Section 2, below.*
    - Yes.
      - If yes, what are the impediments? *Check all that apply and describe each one.*
      - Transportation: \_\_\_\_\_
      - ADA access: \_\_\_\_\_
      - Other: \_\_\_\_\_

**5. Describe the problem if this service is not provided, continued or expanded: \_\_\_\_\_**

**6. Explain how and to what extent the proposed activity will solve the problem: \_\_\_\_\_**

**7. Additional supporting documentation for this specific Public Service.**

- Letters from Non-Profit Organization(s)
- News articles regarding the need for the service.
- Third-party letters describing the direct **health and safety** impact.
- Documentation to support the need(s) must be less than 5 years old.
- Note the page numbers, in this application, where documentation can be found.

*Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the Public Services.*

**PUBLIC FACILITIES - Forms**

**PUBLIC SERVICES NEED DOCUMENTATION MATRIX**

*\*Click on the box, drop-down menu or text box to enter information.*

<b>Source</b>	<b>Type of Documentation</b>	<b>Quantification</b>	<b>Page # (in app.)</b>
<b>NEED</b>			
Select	Select	Select	
Select	Select	Select	
<b>DOCUMENTATION SUPPORTING SEVERITY OF PROBLEM ADDRESSED</b>			
Select	Select	Select	
<b>DOCUMENTATION OF THE EXTENT TO WHICH THE PROPOSED SERVICE(S) WOULD SOLVE THE PROBLEM</b>			
Select	Select	Select	
<b>ADDITIONAL SUPPORTING DOCUMENTATION FOR PROPOSED PUBLIC SERVICE</b>			
Select	Select	Select	

## PUBLIC FACILITIES - Forms

### D. READINESS:

#### 1. **Activity Administrator:**

If funded, how will this activity be administered?

In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

Subrecipient Agreement:  
 Draft     Executed     Other: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_

Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):  
 Per Small Purchase Authority  
 By Competitive Proposal  
 By Non-Competitive/Sole-Source  
 Department approval documentation, pages: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_

Combination of the above. Describe: \_\_\_\_\_

#### 2. **Environmental Review:** *(Check all applicable.)*

- Environmental Finding Form (EFF)
- Form 58.6
- Rehabilitation Environmental Review (RER) excluding Appendix A
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice
- Ready to Sign Request for Release of Funds (RROF)

#### 3. **Site Control (projects only):**

Draft	Executed	
<input type="checkbox"/>	<input type="checkbox"/>	City/County owned site
<input type="checkbox"/>	<input type="checkbox"/>	Purchase Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Option to Purchase
<input type="checkbox"/>	<input type="checkbox"/>	Option to Lease
<input type="checkbox"/>	<input type="checkbox"/>	Leasehold Interest
<input type="checkbox"/>	<input type="checkbox"/>	Deed of Trust
<input type="checkbox"/>	<input type="checkbox"/>	Other documentation of Site Control – List

## PUBLIC FACILITIES - Forms

### 4. Other Readiness Documentation Provided:

- Sources and Uses Form
- Program Income Reuse Plan
- Anti-displacement and Relocation Plan
- Architect 504 Certification
- Preliminary Plans and Specs
- Bid Package
- Cost Estimate from Engineer/Architect
- Draft Use Limitation Agreement
- Local Approvals (Use Permit or Zoning)
- Draft Construction Contract
- Documentation of all financing (including status)

**PUBLIC FACILITIES - Forms**

**PUBLIC FACILITIES– ALL FUNDING SOURCES**

USES	SOURCES							
ACTIVITY	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Totals:	\$	\$	\$	\$	\$	\$	\$	\$

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## PUBLIC IMPROVEMENTS - Instructions

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

### A. **ACTIVITY INFORMATION:**

#### 1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

*>>See Application Section 8 for Activity Delivery Instructions<<*

*>>See Appendix E - Cost Categories for CDBG Activities<<*

#### 2. **What type of Public Improvement is being proposed?**

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

[http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref\\_man\\_b.pdf](http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref_man_b.pdf)

#### 3. **Location of site(s) where activity will occur:**

Indicate the specific location where the activity will occur. Check the appropriate box if the jurisdiction has site control of the location and provide documentation under the Readiness section.

#### 4. **Description of activity:**

- Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on an urgent health and safety need.
- Please describe the entire project and how the CDBG-funded portion fits into the project.
- Remember that the completion of construction and use of the services by the beneficiaries must occur by the CDBG contract expiration date.

## PUBLIC IMPROVEMENTS - Instructions

**5. Who will carry out this activity?**

For this specific activity, who will be in charge of administering the project? If it will be a combination, check all appropriate boxes and list name(s), as indicated.

**6. What are some of the Milestones associated with this activity?**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

**7. State Objective:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

*>>See Application Section 9 and Appendix F for additional information<<*

**B. BENEFIT:**

**1. Service Area:**

Will the proposed Activity benefit the entire Jurisdiction, or will the Public Services primarily benefit a Targeted Area of the Jurisdiction?

- For a Target Area, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target Areas, a map must be provided showing the exact boundaries of the area being served.

*>>See Application Section 6 for Service Area instructions<<*

***Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s) with the application will result in no points being awarded under this section.***

**2. Beneficiaries:** *See Application Section 5 for Beneficiary Instructions.*

**3. Number of beneficiaries:** Under each column, identify the proposed number of people who will benefit by each specific income group.

*>>See Application Section 5 for Beneficiary instructions<<*

## PUBLIC IMPROVEMENTS - Instructions

### C. NEED FOR ACTIVITY:

1. Describe the need(s) this activity will address.

*The most competitive applications will address and document severe health and safety needs.*

2. **How was the need determined?** Check the boxes that best describe how the need is documented. The most competitive applications may include documentation such as:

- Cease-and-Desist or Boil Water orders;
- Third-party regulatory agencies;
- Letters or documentation listing non-compliance issues;
- Survey(s) of intended beneficiaries regarding their unmet public improvement needs and the impacts of not having the facility or service.

*Failure to provide supporting documentation with the application will result in no points being awarded under this section.*

3. **How will CDBG funds eliminate/improve the problem?**

Give specific examples of how the proposed project will eliminate/improve the problem.

4. **Financial systems to operate and maintain the improvement:**

Give a detailed description of how the infrastructure improvement(s) will be maintained and what local source of funds will pay for the maintenance.

- **Example:** The City has established a rate system and reserve fund plan that was approved by the Department of Health Services which provides for on-going operations and maintenance costs plus reserves for system replacement as the useful life of different components expires.

5. **Additional supporting documentation:**

Third-party documentation of the need is a critical element of a successful public improvement application. The applicant should obtain as many Third-party letters and documentation as possible. The letters/documentation should describe and discuss the proposed activity. The best letters/documentation will also “quantify” the problem by including specifics, such as restricted flows, supply deficiencies or water quality problems.

## PUBLIC IMPROVEMENTS - Instructions

*Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the specific Public Improvements that are proposed.*

Contact your jurisdiction's CDBG representative with questions or clarifications about documentation that can be used for this section.

### D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

#### 1. **Activity Administrator:**

How will this activity be administered? (*Check all that apply.*)

- In-house:
  - Include supporting documentation to show grantee staff experience.
  - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
  - Provide a draft or executed subrecipient agreement.
- Procured:
  - Descriptions of experience administering CDBG grants.
  - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
  - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

#### 2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. If consultation with SHPO is applicable, please include all SHPO correspondence,

## PUBLIC IMPROVEMENTS - Instructions

### 3. **Site Control:**

Check the appropriate box(es), submit the documentation required.

**Note:** Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

### 4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required, and write in the page number in the application where the documentation may be found. A partial list of acceptable readiness items are listed in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

### 5. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

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**PUBLIC IMPROVEMENTS - Forms**

**TABLE OF CONTENTS**

*\*Click on the box, drop-down menu or text box to enter information.*

<b>ACTIVITY</b>	<b>SELECT</b>	<b>DOCUMENTATION</b>	<b>PAGE(S)</b>
Public Improvement Forms (all pages)	Select		
Timeline/Schedule/Milestones	Select		
State Objectives	Select		
<b>BENEFIT</b>			
Service Area Documentation	Select		
Income Documentation	Select		
<b>NEED</b>			
Regulatory Agency Order(s)	Select		
Regulatory Agency Order(s)	Select		
Enforcement Agency Letter	Select		
On Waiting List for Other Funding	Select		
Study Documentation	Select		
Supplemental Information (list): _____	Select		
_____	Select		
<b>READINESS</b>			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Statutory Worksheet	Select		
Environmental Assessment	Select		
Ready to Publish Notice	Select		
Ready to Sign RROF	Select		
Site Control	Select	Select	
Sources and Uses Form	Select		
PI Reuse Plan	Select	Select	
Cost Estimate	Select		
Contractor List	Select		
Architect/Engineer	Select	Select	
Plans and Specifications	Select		
Permits	Select		
Bid Package	Select		
Other Readiness	Select		

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**PUBLIC IMPROVEMENTS - Forms**

**A. ACTIVITY INFORMATION:**

**1. How much is being requested for this activity?**

\$ \_\_\_\_\_ = \$ \_\_\_\_\_ + \$ \_\_\_\_\_

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

**2. How will the requested CDBG funds be used?**

a) Type of Project:

- Water/Sewer Improvements (03J)
- Street Improvements (03K)
- Sidewalks (03L)
- Tree Planting (03N)
- Payment of Eligible Assessments for Public Improvements
- Other (describe): \_\_\_\_\_

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

- Yes       No

**3. Location of sites(s) where activity will occur:**

\_\_\_\_\_

Does the Applicant currently have site control?

- Yes       No

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

\_\_\_\_\_

**5. Who will be the Activity Administrator?** *(Check all that apply.)*

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profit's not acting as Subrecipients
- Faith-based organization
- Institution of higher education

Name of all agencies/organizations indicated above:

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**PUBLIC IMPROVEMENTS - Forms**

**6. Timeline/Schedule/Milestones:**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**7. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

>>See Application Section 9 and Appendix F for additional information<<

State Objective for this specific activity:	Application Page #
1.	
2.	

**B. BENEFIT:**

**1. Service Area:** (Check only one.)

- Entire Jurisdiction
- Target Area(s)

Identify the Target Area(s) by Census Tract(s) and Block Group(s) and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): \_\_\_\_\_

<b>Census Tract</b>					
_____	_____	_____	_____	_____	_____
<b>Block Group(s)</b>					
_____	_____	_____	_____	_____	_____

## PUBLIC IMPROVEMENTS - Forms

**2. Beneficiaries (people):**

- Income Restricted (100 percent TIG) for Payment of Assessments only.
  - Primarily TIG (List % of total): \_\_\_\_\_
    - Based on HUD Low/Mod charts
    - Based on Income Survey.
- Methodology and results on page(s) \_\_\_\_\_

**3. Number of people who will benefit:**

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People
_____	_____	_____	_____	_____

**C. NEED FOR ACTIVITY:**

**1. Describe the need(s) this activity will address:**

\_\_\_\_\_

**2. How was the need for this activity determined?**

\_\_\_\_\_

- |                          | <u>Documentation</u>                                    | <u>Page(s):</u> |
|--------------------------|---|-----------------|
| <input type="checkbox"/> | Cease and Desist Order                                  | _____           |
| <input type="checkbox"/> | Letter from Enforcement Agency                          | _____           |
| <input type="checkbox"/> | Letter from other Funding Agency re: eligibility status | _____           |
| <input type="checkbox"/> | Study documenting problem; proposed solution            | _____           |
| <input type="checkbox"/> | Other: _____  | _____           |

**3. Describe how/to what extent CDBG funding will eliminate/improve the problem.**

\_\_\_\_\_

**4. Describe the financial systems that will ensure long-term operation and maintenance if this improvement is funded.**

\_\_\_\_\_

**5. Additional supporting documentation for this *specific* activity.**

- News articles regarding the need for the service.
- Third-party letters describing the direct **health and safety** impact.
- Documentation to support the need(s) must be less than 5 years old.
- Note the page numbers, in this application, where documentation can be found.

## PUBLIC IMPROVEMENTS - Forms

**Note:** For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the specific Public Improvements that are proposed.

	Source (Agency, other)	Description of Documentation:	Date of Doc.	Application Page #
1.				
2.				
3.				
4.				
5.				
6.				

**D. READINESS:**

**1. Activity Administrator:**

If funded, how will this activity be administered?

In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

Subrecipient Agreement:  
 Draft     Executed     Other: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_

Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):  
 Per Small Purchase Authority  
 By Competitive Proposal  
 By Non-Competitive/Sole-Source  
 Department approval documentation, pages: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_

Combination of the above. Describe: \_\_\_\_\_

**2. Environmental Review (check all applicable):**

- Environmental Finding Form (EFF)
- Form 58.6
- Rehabilitation Environmental Review (RER) excluding Appendix A
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice
- Ready to Sign Request for Release of Funds (RROF)

## PUBLIC IMPROVEMENTS - Forms

**3. Site Control (Projects only):**

Draft	Executed	
<input type="checkbox"/>	<input type="checkbox"/>	City/County owned site
<input type="checkbox"/>	<input type="checkbox"/>	Purchase Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Option to Purchase
<input type="checkbox"/>	<input type="checkbox"/>	Option to Lease
<input type="checkbox"/>	<input type="checkbox"/>	Leasehold Interest
<input type="checkbox"/>	<input type="checkbox"/>	Deed of Trust
<input type="checkbox"/>	<input type="checkbox"/>	Other documentation of Site Control – List

**4. Other Readiness Documentation Provided:**

<input type="checkbox"/> Sources and Uses Form	<input type="checkbox"/> Architect/Engineer
<input type="checkbox"/> PI Reuse Plan	<input type="checkbox"/> Plans and Specification
<input type="checkbox"/> Cost Estimate	<input type="checkbox"/> Permits
<input type="checkbox"/> Contractor List	<input type="checkbox"/> Bid Package
<input type="checkbox"/> Other: _____	

**PUBLIC IMPROVEMENTS - Forms**

**PUBLIC IMPROVEMENTS – ALL FUNDING SOURCES**

USES	SOURCES							
ACTIVITY	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Totals:	\$	\$	\$	\$	\$	\$	\$	\$

## PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Instructions

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

### A. ACTIVITY INFORMATION:

1. **What is the CDBG National Objective for this activity?**

Each CDBG activity must meet one of three National Objectives. Please refer to Appendix A for additional information.

2. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

- Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

>>See Application Section 8 for Activity Delivery Calculation Instructions<<

>>See Appendix E - Cost Categories for CDBG Activities<<

3. **What type of Public Improvement is being proposed?**

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

[http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref\\_man\\_b.pdf](http://nhl.gov/offices/cpd/systems/idis/library/refmanual/ref_man_b.pdf)

4. **Location of site(s) where activity will occur:**

Indicate the specific location where the activity will occur. Check the appropriate box if the jurisdiction has site control of the location and provide documentation under the Readiness section.

Note: Offsite improvements are eligible under this activity only if they are a condition of approval for the housing project they support.

If such condition of approval was not imposed, then the improvement must be applied for under Public Improvements.

## PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Instructions

**5. Description of Activity:**

- Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on urgent health and safety need.
- Please describe the entire project and how the CDBG-funded portion fits into the project.
- Include drawings/plans/maps that depict the location of improvements and the elements that they are comprised of; such as landscaping, curbs, sidewalks, etc.
- Remember that the completion of construction and use of the services by the beneficiaries must occur by the CDBG contract expiration date.

**6. Who will carry out this activity?**

For this specific activity, who will be in charge of administering the project. If it will be a combination, check all appropriate boxes and list name(s), as indicated.

**7. What are the Milestones associated with this activity?**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

**8. State Objective:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

*>>See Application Section 9 and Appendix F for additional information<<*

**B. BENEFIT:**

**1. Service Area:**

Will the proposed Activity benefit the entire Jurisdiction, or will the Public Services primarily benefit a Targeted Area of the Jurisdiction?

- For a Target Area, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target Areas, a map must be provided showing the exact boundaries of the area being served.

*>>See Application Section 6 for Service Area instructions<<*

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW  
CONSTRUCTION (PIHNC) - Instructions**

***Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s) with the application will result in no points being awarded under this section.***

2. **Types of Beneficiaries:** See Application Section 5 for Beneficiary instructions.
3. **Number of Beneficiaries:** See Application Section 5 for Beneficiary Instructions. Under each column, identify the proposed number of people who will benefit by each specific income group.

**C. NEED FOR ACTIVITY:**

***Failure to provide the documentation for Items 1, 2 and 3 below with the application will result in no points being awarded under this section.***

1. **Renter Overpayment:**  
From the 2000 US Census Summary File 3, Table DP-4, "Gross Rent as Percentage of Household Income", indicate the percentage of renter-occupied households paying more than 25 percent of their income for housing. Copy the table used, note your calculations on the table and include the table and calculations in the application.
2. **Overcrowding:**  
A housing unit is determined to be overcrowded when there are 1.01 or more occupants per room (excluding bathrooms and kitchens). The information in this table is based on the 2000 US Census Summary File 3, Table DP-4, "Occupants Per Room". The total includes owner-occupied units **and** renter-occupied units. Each Target Area will require a separate census table that includes only the applicable census track(s)/block group(s). Copy the "Occupants Per Room" table, note the calculations on the table and include the table and calculations in the application.
3. **Vacancy Rates:**  
From the 2000 US Census Summary File 1, Table DP-1, "Homeowner and Renter Vacancy Rates", indicate the vacancy rate for owner-occupied units and the vacancy rate for renter-occupied units. Copy the table and include it in the application.
4. **Other Supporting Need Documentation:**  
Include any additional information that demonstrates a health and safety threat, if any.

## PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Instructions

### 5. **Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community's worsened condition of housing and/or worsened overcrowding needs. The Worsened Condition must be **specific and unique to your jurisdiction**.

For example, if the Census data for Age of Housing Stock and Overcrowding do not accurately depict the community's need in those categories, please attach third-party documentation, if available, showing the community's worsened needs in either of these two categories and indicate the page numbers where the documentation can be found. Such supplemental information shall not be older than five years from this year's application filing date and must be specific to the community.

### D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

#### 1. **Activity Administrator:**

How will this activity be administered? (*Check all that apply.*)

- In-house:
  - Include supporting documentation to show grantee staff experience.
  - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
  - Provide a draft or executed subrecipient agreement.
- Procured:
  - Descriptions of experience administering CDBG grants.
  - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
  - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

## PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Instructions

**2. Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. If consultation with SHPO is applicable, please include all SHPO correspondence.

**3. Site Control:**

Check the appropriate box(es), submit the documentation required.

**Note:** Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

**4. Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required, and write in the page number in the application where the documentation may be found. A partial list of acceptable readiness items are listed in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

**5. Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

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**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW  
CONSTRUCTION (PIHNC) - Forms**

**TABLE OF CONTENTS**

*\*Click on the box, drop-down menu or text box to enter information.*

<b>ACTIVITY</b>	<b>SELECT</b>	<b>DOCUMENTATION</b>	<b>PAGE(S)</b>
PIHNC Forms (all pages)	Select		
Timeline/Schedule/Milestones	Select		
State Objectives	Select		
<b>BENEFIT</b>			
Service Area Documentation	Select		
Income Documentation	Select		
<b>NEED</b>			
Renter Overpayment	Select		
Overcrowding	Select		
Vacancy Rates	Select		
On Waiting List for Other Funding	Select		
Supplemental Information (list): _____	Select		
Condition of Approval	Select		
<b>READINESS</b>			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Statutory Worksheet	Select		
Environmental Assessment	Select		
Ready to Publish Notice	Select		
Ready to Sign RROF	Select		
Site Control	Select	Select	
Sources and Uses Form	Select		
PI Reuse Plan	Select	Select	
Cost Estimate	Select		
Contractor List	Select		
Architect/Engineer	Select	Select	
Plans and Specifications	Select		
Permits	Select		
Bid Package	Select		
Other:	Select		

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**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW  
CONSTRUCTION (PIHNC) - Forms**

**A. ACTIVITY INFORMATION:**

**1. How much is being requested for this activity?**

\$ \_\_\_\_\_ = \$ \_\_\_\_\_ + \$ \_\_\_\_\_

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

**2. How will the requested CDBG funds be used?**

a) Type of Project:

- Water/Sewer Improvements (03J)
- Street Improvements (03K)
- Sidewalks (03L)
- Tree Planting (03N)
- Payment of Eligible Assessments for Public Improvements
- Other (describe): \_\_\_\_\_

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

- Yes       No

**3. Location of sites(s) where activity will occur:**

\_\_\_\_\_

**Does the Applicant have site control?**

- Yes       No

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

\_\_\_\_\_

**5. Who will be the Activity Administrator? (Check all that apply.)**

- Jurisdiction (Applicant)
- Consultant/Contractor (For-Profit entity)
- Non-Profit as Subrecipient
- CHDO (Recognized Community Housing Development Organization)
- Another unit of local government
- Another public agency
- Non-Profit's not acting as Subrecipients
- Faith-based organization
- Institution of higher education

**Name of all agencies/organizations indicated above:**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW  
CONSTRUCTION (PIHNC) - Forms**

**6. Timeline/Schedule/Milestones:**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded funds, these milestones will be included in the contract language as expenditure milestones.

<b>Activity Milestones</b>		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**7. State Objectives:**

If you are claiming state objective points for this activity, note which objective(s) and indicate where supporting documentation can be found.

*>>See Application Section 9 and Appendix F for additional information<<*

<b>State Objective for this specific activity:</b>	<b>Application Page #</b>
1.	
2.	

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW  
CONSTRUCTION (PIHNC) - Forms**

**B. BENEFIT:**

**1. Service Area: (Check only one.)**

- Entire Jurisdiction
- Target Area(s)

Identify the Target Area(s) by Census Tract(s) and Block Group(s) and list the page(s) where the Census Tract/ Block Group **Map(s)** may be found in this application. Page(s): \_\_\_\_\_

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

**2. Beneficiaries (people):**

- Income Restricted (100 percent TIG) for Payment of Assessments only.
- Primarily TIG (List % of total): \_\_\_\_\_
  - Based on HUD Low/Mod charts
  - Based on Income Survey.  
Survey methodology and results on page(s)\_\_\_\_\_

**3. Number of people who will benefit:**

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People
_____	_____	_____	_____	_____

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW  
CONSTRUCTION (PIHNC) - Forms**

**C. NEED FOR NEW UNITS:**

**1. Renter Overpayment:**

From the 2000 US Census Summary File 3, Table DP-4, "Gross Rent as Percentage of Household Income", indicate the percentage of renter-occupied households paying more than 25 percent of their income for housing. \_\_\_\_\_%

Copy the table used, note your calculations on the table and include the table and calculations in the application.

Table and calculations on Page(s): \_\_\_\_\_

**2. Overcrowding:**

A housing unit is determined to be overcrowded when there are 1.01 or more occupants per room. From the 2000 US Census Summary File 3, Table DP-4, "Occupants Per Room", indicate the overcrowding percentage: \_\_\_\_\_%

Copy the "Occupants Per Room" table, note the calculations on the table and include the table and calculations in the application.

Table and calculations on Page(s): \_\_\_\_\_

**3. Vacancy Rates:**

From the 2000 US Census Summary File 1, Table DP-1, "Homeowner and Renter Vacancy Rates", indicate the:

Homeowner Vacancy Rate \_\_\_\_\_% and Renter Vacancy Rate \_\_\_\_\_%.

Copy the table and include it in the application.

Table on Page(s): \_\_\_\_\_

**4. Other Supporting Need Documentation:**

Waiting List. Page(s): \_\_\_\_\_

Market Study. Page(s): \_\_\_\_\_

Applicant has applied to another funding agency for all or a portion of this activity.

Name of agency: \_\_\_\_\_

Are you on the other agency's waiting list?  **Yes**     **No**

Other (describe): \_\_\_\_\_ Page(s): \_\_\_\_\_

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW  
CONSTRUCTION (PIHNC) - Forms**

**5. Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community's worsened condition of housing and/or worsened overcrowding needs. Provide all information that is requested.

*Check if providing supplemental information for.*

Worsened Condition of Housing       Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community?

c) List:

- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
- The time period that the documentation supports as worsened (e.g. Earthquake on 1/1/08; Fire from 3/13/08-5/17/08, etc.), **AND**
- The page numbers, in this application, where documentation can be found.

**Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.**

	Source (Agency, other)	Description of Documentation:	Date of Doc.	Application Page #
1.				
2.				
3.				
4.				
5.				
6.				

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW  
CONSTRUCTION (PIHNC) - Forms**

**D. READINESS:**

**1. Activity Administrator:**

If funded, how will this activity be administered?

In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)

Subrecipient Agreement:  
 Draft     Executed     Other: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_

Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):  
 Per Small Purchase Authority  
 By Competitive Proposal  
 By Non-Competitive/Sole-Source  
       Department approval documentation, pages: \_\_\_\_\_  
 Term of the agreement: \_\_\_\_\_

Combination of the above. Describe: \_\_\_\_\_

**2. Environmental Review: (Check all applicable.)**

- Environmental Finding Form (EFF)
- Form 58.6
- Rehabilitation Environmental Review (RER) excluding Appendix A
- Environmental Assessment
- SHPO Letter
- Ready to Publish Notice
- Ready to Sign Request for Release of Funds (RROF)

**3. Site Control (projects only):**

- | Draft                    | Executed                 |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

**4. Other Readiness Documentation Provided:**

- |  |   |
|--|---|
| <input type="checkbox"/> Sources and Uses Form | <input type="checkbox"/> Architect/Engineer       |
| <input type="checkbox"/> PI Reuse Plan         | <input type="checkbox"/> Plans and Specifications |
| <input type="checkbox"/> Cost Estimate         | <input type="checkbox"/> Permits                  |
| <input type="checkbox"/> Contractor List       | <input type="checkbox"/> Bid Package              |
| <input type="checkbox"/> Other: _____          |   |

**PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms**

**PIHNC – ALL FUNDING SOURCES**

USES	SOURCES							
ACTIVITY	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private (list & identify)	Other:	Totals:
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
Totals:	\$	\$	\$	\$	\$	\$	\$	\$

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## HOUSING NEW CONSTRUCTION - Instructions

CDBG funds can be used for housing new construction but only in very limited circumstances and the activity must be carried out by certain specific subrecipients.

Housing new construction must meet a national objective-- benefiting low and moderate income persons, eliminating conditions of slums or blight, or meeting a particularly urgent community development need.

**Important Note:** *Because this activity is very unique, if an applicant would like to apply for a housing new construction activity, please contact a CDBG Representative for further application instructions.*

### What circumstances allow housing new construction?

- As “last resort” housing for a displaced person/household. Under 24 CFR Part 42, Subpart I, grantees may construct housing of last resort. Grantees are limited to constructing housing for displacees of a CDBG project, subject to the Uniform Act, when the project is prevented from proceeding because comparable replacement housing is not available otherwise [section 570.207(b)(3)(i)].
- As part of a neighborhood revitalization project. An eligible subrecipient must be undertaking a neighborhood revitalization, community economic development, or energy conservation project with the CDBG funds. Also, the local jurisdiction must determine that the project is necessary or appropriate to achieve its community development objectives.

### **Neighborhood stabilization programs must be pre-approved by the Department and the status of the CBDO reviewed.**

- Who is an eligible subrecipient? The regulations at section 570.204(a) allow for certain "eligible subrecipients" to receive CDBG funds for constructing housing. The eligible subrecipients are described in section 570.204(c) as neighborhood-based nonprofit organizations (NBOs), section 301(d) Small Business Investment Companies (SBICs), and local development corporations (LDCs).
- To receive funding, eligible subrecipients must carry out the project in name and in deed. Although inexperienced eligible subrecipients may need technical assistance from the local jurisdiction, the eligible subrecipient must actually be implementing the activity.

**Note:** *Except as provided for above, grantees are prohibited under section 570.207(b)(3) from constructing new housing using CDBG funds.*

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## 10% SET ASIDE - Instructions

Only one 10% set-aside activity is allowed under this funding cycle per application. The set-aside amount is calculated as 10% of the total amount of grant funds requested.

- Applicants must document and demonstrate that each proposed activity is CDBG-eligible and meets a national objective. The following expenditures are not allowable under the 10% set-aside:
  - General Administration
  - Planning Studies
  - Activity Delivery for another activity.
- All activities must be completed within the term of the grant contract.
- All funds (CDBG and any local program income committed) must be spent prior to contract expiration date.
- The 10% set-aside activity will NOT be competitively rated and ranked. However, documentation of the set-aside activity shall follow the same procedures for type of activity being proposed, with the exception of the “Need” Section.
  - For example: If the set-aside activity is for Public Improvements, the applicant would follow the instructions and forms for “Public Improvements” activity and include them in the application.
  - The exception to the required information/documentation is the “Need for Activity” portions of the Forms.
- For additional assistance, please contact a CDBG Representative.

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