|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For DLG Use Only** |  | **SAI Number** |  | **Total Amount Requested** |
|  23**-**  |  |  |  |  **$** |

|  |
| --- |
| **Business Applicant Name & Request (Project Name)**       |

**SUBRECIPIENT APPLICANT**

|  |  |  |
| --- | --- | --- |
| Legal Subrecipient | Legal Representative of Subrecipient      | E-mail Address    |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |
| Telephone Number | Fax Number      | Unique Entity ID       | Tax ID Number       |

**PARTICIPATING PARTY (Business Applicant) CHECK BOX IF A FAITH BASED ORGANIZATION** [ ]

|  |  |  |
| --- | --- | --- |
| Name      | CEO      | Email Address      |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |
| Telephone Number | Fax Number      | Unique Entity ID       |

**PREPARER (Grant Administrator)**

|  |  |  |
| --- | --- | --- |
| Name      | Telephone Number      | FAX Number      |
| Organization      | E-mail Address      | Certified AdministratorYes [ ]  No [ ]  |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |

|  |  |  |  |
| --- | --- | --- | --- |
| State House District      | State Senate District      | Congressional District      | Area Development District |



#### Introduction

Please make sure to read the SBGP Policy Manual and the Subrecipient CDBG-DR Manual before completing the application. These forms are designed to obtain pertinent information, not lengthy narrative. Forms provided must be used and completed according to instructions. Instructions are given on the respective forms. Please type or print all responses.

No documentation except that requested below should be submitted with this application packet. Attach and number all exhibits to correspond with the appropriate section.

The following materials shall constitute a complete application. **Please provide the page number for each item listed below on the line to the left:**

Documents to Attach:

 **Subrecipient Documentation to Attach:**

      Documentation demonstrating outreach efforts of engagement with business entities and impacted
 communities including disadvantaged and underserved communities

       Application documentation and verification of documents

      Business applications received from Grant Administrators

       Communication with Business Applicants regarding the application and submission process

       Application Verification File Checklist (Attachment 05)

       Application supporting documentation

        National Objective supporting documentation

       Duplication of Benefits verifications (Attachment XX)

       Preliminary Environmental Review documentation and certifications

       Signed Program forms

       Authorizing Resolution signed by the community’s governing body

       Kentucky State Clearinghouse Endorsement: [EClearinghouse\_Instructions.pdf (ky.gov)](https://kydlgweb.ky.gov/Documents/eClearinghouse/EClearinghouse_Instructions.pdf)

       Letter of determination of eligibility for listing on the National Register of Historic Places from the Kentucky
 Heritage Council, and clearance from the State Historic Preservation Officer

###### NOTE: Partial submissions will NOT be accepted!

**SUBRECIPIENT CERTIFICATION**

To the best of my knowledge and belief, the information in this Form is true and correct. The applicant also agrees to comply with requirements of 24 CFR Part 58.

I am aware that the proposed application may be removed from further consideration should it be determined that there are significant discrepancies in the information provided, and/or false, inaccurate, or incomplete information has been given.

Subrecipient Signature

Title

Date

Name Typed

Attach a copy of the Project Cost Summary per business. The Project Cost Summary is included in an Excel spreadsheet named *Cost Summary.xls* and that file can be downloaded from the DLG web site ([*https://kydlgweb.ky.gov/Documents/CDBG\_cities/COSTSUMMARY2010.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/COSTSUMMARY2010.xls)).

Replace this page with the completed Cost Summary for this application.

# Cost Summary

1. Enter the amount of CDBG-DR funds requested for each activity identified in the "CDBG-DR Funds" column. SBGP program applicants should only request funds for Line 10 and/or 11. Consult the SBGP Policy for guidance on working capital and equipment determinations.

3. Enter the source of "other funds" in the heading of each column. Enter the amount(s) of other funds to be used for each activity.

4. Subtotal all activity costs.

5. Enter total Grant Administrator Planning and Administration costs on lines (14) and (15) respectively.

6. Total all costs.

7. Attach cost estimates for Activities 1 through 13 of the Cost Summary including both CDBG-DR and other funds.

Special Notes:

Lines 14) and 15) – Grant Administrator Planning and Administration: - Combined amount of CDBG-DR funds is not to exceed twenty percent (20%) of the sum of CDBG-DR.

**INSTRUCTIONS**: Complete items (a) and (b) for all businesses. Other LMI determination maps are referenced in the National Objective section of the application.

Replace this page with the completed Maps for this application.

(a) **JURISDICTION MAPS**

Include map of the applicant's **jurisdiction** showing **all** the following:

* Boundaries of the entire jurisdiction.
* Business applicant's location within the jurisdiction.
* Areas of vulnerable populations within the jurisdiction.
* Identify underserved communities within the jurisdiction.
* Shows areas of opportunities, based on census data within the jurisdiction.

(b) **BUSINESS LOCATION MAPS**

Include a map of the business applicant's **location**(s). This map must be specific to the business applicant’s location where CDBG-DR funds will be utilized, and must clearly delineate **all** the following:

* Boundaries of the project area.
* Floodplain area (using the FEMA FIRMette).
* If equipment is in a different location, identify the location; justification for installing equipment offsite must be included in the business description narrative.

1. Date of publication of notice of CDBG-DR SBGP information to the public:
2. Notice of first public hearing:

Date of advertisement

Date of hearing

1. Describe the other methods used to solicit participation of low-and moderate-income persons or underserved communities, such as posting notices in a public building, radio ads, etc.

|  |
| --- |
|       |

1. Describe any adverse comments/complaints received and describe resolution.

|  |
| --- |
|       |

5. **Attach to this form:**

1. Tear sheet of all public notices.
2. Signed Minutes of the public hearing(s) including lists of signatures from attendees, agendas, and handouts.
3. Copy of response(s) to comment(s) and/or complaint(s).
4. **DEMOGRAPHICS**
5. **Current Population**

|  |  |  |
| --- | --- | --- |
|  | **City****(If applicable)** | **County** |
| **Current Population** |       |       |
| **Minority Population** |       |       |

1. **Income Information**

Per Capita Income       Median Family Income

1. **Educational Attainment**

|  |  |
| --- | --- |
| Total persons 25 years and over |       |
| Less than 9th grade |       |
| 9th to 12th grade, No Diploma |       |
| High School Graduates |       |
| Percent High School Graduate or Higher |       |

1. **Other Information**

|  |  |
| --- | --- |
| Single Headed Households |       |
| Manufacturing Employment |       |
| Number of Manufacturing Industries |       |
| Minority owned firms – African American |       |
| Minority owned firms – Women |       |

1. **Census Information** (If applicable)

|  |  |
| --- | --- |
| Census Tract Number |       |
| Census Block Number |       |

**6. Business Applicants**

|  |  |
| --- | --- |
| Number of businesses in this application |       |
| Total number of employees to be served |       |

In the first column, list each proposed CDBG-DR activity that will benefit persons of Low and Moderate Income (LMI), exclude planning and administration activities. In the second column provide the applicable Code of Federal Regulations (CFR) citation for LMI benefit. In the third column, respond to the following for each activity. *(Attach additional pages if necessary)*

* Explain how each activity will benefit LMI individuals *(1)area benefit, (2)limited clientele, (3)job creation or retention.*
* Identify source documentation for determining LMI benefit *(e.g. census tract, clientele, jobs)*
* LMI Area: Include the census tract/block area map with defined neighborhood boundaries.
* LMI Area: Include the FY 2022 HUD LMISD data.
* Limited Clientele: Include *Employee Survey* (owner’s information).
* Job Creation/Retention: Include *Employee Surveys* or Business Payroll Registers or Journals (as applicable).

|  |  |  |
| --- | --- | --- |
| **Cost Summary Activity Number** | **CFR****Citation** | **LMI Benefit** |
|       |       |       |
|       |       |       |

**Describe how LMI information was assembled.**

|  |
| --- |
| LMI Certification Form (or *Employee Survey* form) [ ] LMA Community Wide [ ]  |
| Census Tract/Block Area *[ ]* *(List census tract numbers, attach copy of map, and other documentation.)* |
| Other *(describe)*       [ ]  |

Note: For CFR (LMI) determination, refer to the HUD Guide to National Objectives for State CDBG program

[Guide to National Objectives and Eligible Activities for State CDBG Programs - HUD Exchange](https://www.hudexchange.info/resource/2179/guide-national-objectives-eligible-activities-state-cdbg-programs/)

Identify persons benefiting from the project and enter the number of **total beneficiaries** for all activities (exclude engineering, planning, and administration). Individuals who receive benefit from more than one activity should not be double counted within the total. For each activity, the individuals must be identified by racial and ethnic background. **The individual themselves makes this determination**.

[*https://kydlgweb.ky.gov/Documents/CDBG\_cities/BenefitProfilewithBudgetInfo.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/BenefitProfilewithBudgetInfo.xls)

Replace this page with the completed Person Benefit Profile for this application

1. At the top of the page, list **the total** number of beneficiaries for all activities.
2. List the proposed activity total beneficiaries (exclude engineering, planning, and administration).
3. Race & Ethnicity: List the number of persons benefiting. Add together and **total** the number of beneficiaries for all races for an activity and enter the number in the total space.
* ***White****: A person having origins in any of the original people of Europe, North Africa, or the Middle East.*
* ***Black/African American****: A person having origins in any of the* ***black*** *racial groups of Africa.*
* ***Asian****: A person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
* ***American Indian/Alaskan Native****: A person having origins in any of the original peoples of North, Central and South America and who maintain tribal affiliation or community attachment.*
* ***Native Hawaiian/Other Pacific Islander****: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
* ***American Indian/Alaskan Native & Other***
* ***Asian & White***
* ***Black/African American & White***
* ***American Indian/Alaskan Native & Black/African American***
* ***Other Multi-Racial***
* ***Latino/Hispanic****: A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. Each person listed in the Total for that race, must be determined to be Hispanic or not. Race is not a factor in this column. Show the number of that race who believe themselves to be Hispanic. Then show the Total of all Hispanic persons.*
1. List number of **female head of households** benefiting.
2. Income Level: List the number and percent of each income level, persons benefiting. Then add 17, 18, and 19 together and show the total number and percentage of LMI persons.
* ***Extremely low-income*** *(0% to 30% of median).*
* ***Very low-income*** *(31% to 50% of median).*
* ***Low-income*** *(51% to 80% of median).*
* *Persons who are not low to moderate income (above 81% of median).*
1. List all sources of funding (SBA, FEMA, CDBG-CV, Private Insurance, etc.) and amount of funds to be expended **by the project activity**.
2. Complete as many sections as necessary to report beneficiaries for all CDBG-DR funded project activities.

**JOB STATISTICS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number** | **Number of LMI** | **CDBG-DR$/Job** |
| Creation |       |       |       |
| Retention |       |       |       |
| **TOTAL** |       |       |       |

# Introduction

Please reference the SBGP Policy Manual and the Subrecipient CDBG-DR Manual before completing the application. These forms are designed to obtain pertinent information, not lengthy narrative. Forms provided must be used and completed according to instructions. Instructions are given on the respective forms. Please type or print all responses.

No documentation except that requested below should be submitted with this application packet. Attach and number all exhibits to correspond with the appropriate section.

The following materials shall constitute a complete application.

**Please provide the page number for each item listed below on the line to the left:**

 **Business Documents to Attach:**

      Completed and Signed Application

       Business Registration and Ownership (Company Background and History)

      Proof of operating on or before February 27, 2021, if impacted by the 2021 Severe Storms, Flooding,
 Landslides, and Mudslides (DR-4595) or December 10, 2021, if impacted by the 2021 Severe Storms,
 Straight-Line Winds, Flooding, and Tornadoes (DR-4630)

       Proof of being Defined as a Small Business (SBA Definition and NAICS Code)

       Proof Annual Gross Revenue is Greater than $25,000

       Evidence/Documentation for Disaster-Related Losses

       Proof Current on Federal Taxes

       Uses of Funds Supporting Documentation

       Financial Documentation

       Government-Issued Photo Identification for All Owners/Principals

       Applicable National Objective Documentation

       Proof of Ability to Reopen, if applicable

       Other Financial Assistance (Duplication of Benefits)

       Completed and Signed Program Forms

###### NOTE: Partial submissions will NOT be accepted!

**Company Information**

|  |
| --- |
| Corporate Name/Business Name |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code      |
| Contact Person | Telephone Number      | FAX Number      |
| Federal Employer ID Number      | Kentucky Employer ID Number      | NAICS Code      |
| Unique Entity ID       |  |  |

**Organizational Information**

Date Business Established       Date Incorporated

State of Corporation       Company’s Fiscal Year End

Type of Organization

(Sole Proprietorship, Partnership, Corporation, LLS, Non-Profit)

**Registered Agent**

|  |
| --- |
| Name |
| Street or P. O. Box      | City      | StateKY | ZIP Code      |

1. **Type of Business**

Briefly describe the type of services your business provides.

T/N

1. **Company Ownership**

Please identify the major owners of the company. Include all owners with 20% or more interest in the parent company; for a public company, indicate publicly traded.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **Social Security Number** | **%****Ownership** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

1. **Primary Bank**

|  |
| --- |
| Primary Bank |
| Street or P. O. Box      | City      | StateKY | ZIP Code      |
| Contact Person | Telephone Number      | FAX Number      |

1. **Description**

Please provide a narrative description of the company.

|  |
| --- |
|       |

1. **Pre-Disaster Business Site Physical address (including ZIP code + 4):**

|  |
| --- |
|       |

1. **Current Business Site Physical address (including ZIP code + 4):**

|  |
| --- |
|       |

1. **Number of Full-Time Employees (38.5 hours or more per week) pre-disaster:**(Part‐time jobs can be combined to equal one full‐time equivalent positions (FTE))

|  |
| --- |
|       |

1. **Number of Full-Time Employees (38.5 hours or more per week) post-disaster:**(Part‐time jobs can be combined to equal one full‐time equivalent positions (FTE))

|  |
| --- |
|       |

1. **Tell the story of the business. What is the history, how is it organized, and its services.
How did the 2021 disaster affect the business and its operations?**

|  |
| --- |
|       |

1. **DISASTER IMPACTS**

**Which disaster event impacted the business?**

[ ]  February 27, 2021 (DR-4595: 2021 Severe Storms, Flooding, Landslides, and Mudslides)

[ ]  December 10, 2021 (DR-4630: 2021 Severe Storms, Straight-Line Winds, Flooding, and Tornadoes)

[ ]  Both Events

**Was the business operating at the time of the disaster(s)?** Yes [ ]  No [ ]

**Is the business currently operating?** Yes [ ]  No [ ]

**Did the business close due to the disaster(s)?** Yes [ ]  No [ ]

**Has the business reopened since the disaster(s)?** Yes [ ]  No [ ]

If yes, what date did you reopen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, will this assistance allow you to reopen? Yes [ ]  No [ ]

Summarize the timeline for reopening, address the business will reopen, and what other sources of funding might be needed for you to reopen. You will also need to submit a business plan, proforma, business pro-forma, and proof of available funding to reopen with this application.

|  |
| --- |
|  |

1. **BUSINESS FINANCIAL DETAILS**

T/N/M

**Business Revenue**

|  |  |  |
| --- | --- | --- |
| **Tax Year** | **Business Open (Yes or No)** | **Annual Gross Revenue** |
| **2020** |  |  |
| **2021** |  |  |
| **2022** |  |  |

**Is the business current with federal or state tax obligations?**

Yes [ ]  No [ ]

If not, explain why the business is not current with tax obligations and the plan to get current.

|  |
| --- |
|  |

**Is the business currently in bankruptcy?** Yes [ ]  No [ ]

**Did the business experience a financial or physical loss due to the February 27, 2021, or December 10, 2021, disaster(s)?** Yes [ ]  No [ ]

If yes, please describe the losses and verifiable dollar value of those losses. Indicate the source of the third-party verification used to determine the physical loss (i.e., insurance report, SBA verified loss report, before/after photos, etc.):

|  |
| --- |
|       |

1. **BUSINESS CDBG-DR USES OF FUNDS**

T/N/M

**What type of funding is the business seeking?**

Working Capital [ ]

Equipment [ ]

**How will the business use the CDBG-DR funds?** (Select all that apply.)

Rent/Mortgage [ ]

Non-Owner Employee Wages [ ]

Utilities [ ]

Inventory [ ]

Equipment Necessary for Recovery [ ]

T/N/M

T/N/M

T/N

**Equipment List** (If applicable.)

List all equipment to be repaired or replaced with CDBG-DR funds.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Model****Number** | **Funding****Source** | **Purchase****Price** | **Installation****Cost\*** | **Installer\*\*** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **TOTAL** |  |  |  |  |  |

\* Indicate if installation is included in the contract(s) with equipment vendors.

\*\* Will item be installed by vendor, employees, or other (specify).

1. **OTHER SOURCES OF ASSISTANCE RECEIVED**

Include **all** grants or loans the business has been approved for or received. This includes any state or Federal assistance (e.g., SBA, FEMA, etc.), private philanthropy, NFIP, private flood insurance or any other insurance. Please complete all appropriate columns and indicate the status of funds as “Approved”, “Applied For”, or “Committed”.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source** | **Amount** | **Purpose/Use** | **Accepted** | **Declined** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |  |  |  |  |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Total** |  |  |  |  |

**If any of the grants or loans listed above were declined, explain why the business declined the funding. State which source(s), amount(s), and why.**

|  |
| --- |
|       |

1. **EMPLOYMENT IMPACT**

T/N

**Job Count**

Indicate the number of people presently employed at the business, and the number of people that will be employed cumulatively at the business at the end of the first and second years. One permanent job (full-time equivalent) shall be calculated on the basis of 2,000 hours of work per year or 38.5 hours per week.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of****Employment** | **Presently On-Site** | **First Year****Cumulative** | **Second Year****Cumulative** | **Pay Scale****Range** |
| **Full Time** | **Part Time** | **Full Time** | **Part Time** | **Full Time** | **Part Time** |
| Officials & Managers |       |       |       |       |       |       |       |
| Professional |       |       |       |       |       |       |       |
| Technicians |       |       |       |       |       |       |       |
| Sales |       |       |       |       |       |       |       |
| Office & Clerical |       |       |       |       |       |       |       |
| Craft Workers (skilled) |       |       |       |       |       |       |       |
| Operatives (semi-skilled) |       |       |       |       |       |       |       |
| Laborers (unskilled) |       |       |       |       |       |       |       |
| Service Workers |       |       |       |       |       |       |       |
| **TOTAL** |  |  |  |  |  |  |  |

**Retained Jobs**

Will any jobs be retained as a result of the CDBG-DR funding? Yes [ ]  No [ ]

If yes,

 a) Attach the business payroll registers or payroll journal indicating the employee in the position, position title, and salary/wage of the position. If the business is using the household income of their employees to support LMI jobs, attach the Employee Survey form indicating household income status of current employees.

1. Provide substantive evidence indicating why the jobs will otherwise be eliminated. Including at least one of the following:
* Evidence of notice issued to potentially affected employees.
* Evidence of a public announcement or publication regarding potential job reduction.
* A detailed explanation of the economic conditions under which these jobs would be lost without CDBG-DR assistance.
* Documentation to support job retention claim, including but not limited to financial statements, supplier statements, inventory records, newspaper articles, demonstrating that, in all likelihood, the business would need to reduce employees in the near future without the planned CDBG-DR intervention.

1. **STATEMENT OF UNDERSTANDING**

*(Please read and initial each paragraph if you agree.)*

      **Information Verification**

For determination of eligibility, the Business Applicant should submit information requested in the *Application Verification Checklist.* In the event that additional information - not included with the initial application checklist - is required to obtain an approval for the application, the undersigned agrees to provide that information in a timely manner to the Subrecipient processing the request.

The Department for Local Government (DLG) will review all applicants for “Duplication of Benefit.”” and other eligibility requirements. The undersigned understands that the Kentucky CDBG-DR Small Business Grant Program (“SBGP”) and its Subrecipients have the authority to confirm application and award status with other sources of assistance.

If it is found that you received an SBA loan, flood insurance, private insurance, philanthropy or other state or federal benefits or financial assistance for your business for the purpose of working capital expenses (i.e., wages and benefits, inventory, etc.) or equipment due to the February 27, 2021 and/or December 10, 2021 disasters and that you are now applying to receive an award for the same purpose, your award amount will be based on the unmet need remaining. The undersigned also authorizes SBGP and its subrecipients to obtain federal and state tax returns, and also acknowledges that all information relative to the grant request, including the application and related documentation, becomes the property of SBGP and will not be returned to the applicant.

      **Income Tax Reporting**

The undersigned understands that an IRS 1099G will be issued to award recipients. Award recipient understands that all or a portion of the grant funds may be treated as taxable income for U.S. or state income tax purposes.

      **Federal Debarment**

The undersigned understands that his or her business cannot be on the federal debarment list. (www.sam.gov)

      **Flood Insurance**

The undersigned understands that flood insurance is required if the business is located within a 100-year floodplain. Flood insurance made available under the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq*., as amended, should at least equal to the amount of the Grant Funds or the maximum limit of coverage made available under the National Flood Insurance Program, whichever is less. Flood insurance is required if the grant is for mortgage assistance (building coverage required), inventory or equipment expenses (contents coverage required). The business is required to purchase insurance within ten (30) business days of grant execution.

      **Public Announcements**

If the award recipient wishes to issue a public announcement concerning this award, the text of the proposed announcement must be submitted to the SBGP for review and approval prior to the release date. The Department of Local Government (DLG) must be mentioned in any public announcements. Approval shall not be unreasonably withheld. No Right of Assignment or Delegation. The award recipient may not assign or otherwise transfer its rights or delegate any of its obligations under this letter unless expressly approved by DLG.

      **Revocation**

SBGP reserves the right to revoke this award if the funds are not used for the stated purpose. The award recipient understands and agrees that revocation of this award will require the return of all funds disbursed. The business will be obligated to repay some or all funds received under this program in the event that (a) its application including any information provided therewith or thereafter contains any material Small Business Grant Program 12 misrepresentations; or (b) the award was made in error and the applicant is not entitled to some or all assistance under the Program Guidelines

      **Monitoring and Records**

1. This award may be used only for the purposes stated herein. Documents providing evidence of the use of the funds from this award shall be retained by the award recipient for two years from the date of disbursement of the initial installment of the award.
2. DLG and its subrecipients reserve the right to monitor usage of award funds. Such monitoring will include review that the entire amount of the award was used only for the expenses as specified above in accordance with your proposal.
3. DLG and/or its subrecipients may, during regular business hours and on reasonable notice to award recipient inspect, audit, or copy records pertaining to this award. It is further agreed that the Department for Local Government, Auditor of Public Accounts, the U.S. Department of Housing and Urban Development auditors or auditors contracted by them, and/or the Office of Inspector General shall have the option of auditing all records and accounts of award recipient that relate to this grant at any time during normal business hours, as often as deemed reasonably necessary, to audit, examine, and make excerpts or transcripts of all relevant data.
4. Awardees failure to cooperate in such review will result in forfeiture of the award Amount and awardee will be responsible for repaying the full amount of funds disbursed.

     **Information Access and Sharing**

The undersigned gives permission to SBGP to confidentially discuss any application information with Subrecipient. No financial details will be released, except possibly the award amount, as this is considered public information.

     **Affirmation of Information Provided in Application**

By the applicant’s signature below, the applicant represents and warrants that he/she has read this application and Statement of Understanding and attests that all information and documentation furnished in connection with the application is true, accurate and complete to the best of his/her knowledge and that any regulations relative to the SBGP program will be followed. Individuals and/or businesses found to be willfully providing fraudulent information may be prosecuted.

T/N/M

T

**BUSINESS APPLICANT CERTIFICATION**

To the best of my knowledge and belief, the information in this Form is true and correct.

I am aware that the proposed application may be removed from further consideration should it be determined that there are significant discrepancies in the information provided, and/or false, inaccurate, or incomplete information has been given.

Business Applicant Signature

Title

Name Typed

Date

All owners with at least 20% ownership must sign the application, or the applicant must provide a Board of Resolution Authority to sign for the applicant company. Please attach additional pages if necessary.

APPLICANT BUSINESS NAME

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Form Approved

OMB No.2506-0043

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| **U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT****INSTRUCTIONS FOR COMPLIANCE WITH TITLE VI****OF THE CIVIL RIGHTS ACT OF 1964****Title VI of the Civil Rights Act of 1964 states**“No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”Section 1.4(b) (2) (i) of the regulations of the Department of Housing and Urban Development issued pursuant to Title VI requires that:“A recipient, in determining the types of housing, accommodations, facilities, services, financial aid, or other benefits which will be provided under any such program or activity, or the class of persons to whom, or the situations in which, such housing, accommodations, facilities, services, financial aid, or other benefits will be provided under any such program or activity, or the class of persons to be afforded an opportunity to participate in any such program or activity, may not, directly or through contractual or other arrangements, utilize criteria or other methods of administration which have the effect of subjecting persons to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program or activity as respect to persons of a particular race, color, or national origin.”As evidence of compliance with the above, the applicant shall provide the information as requested in a, b, c, and/or d below, as appropriate, to supplement the data relative to the locations of concentration of minority groups and proposed activities shown on the map submitted as part of the application. Additional pages should be used, if necessary. If there are no minorities in the community, check here [ ]  and disregard questions a through d.  |
| 1. IDENTIFY THE MINORITY GROUP(S) POPULATION OR PORTION THEREOF, RESIDING IN THE APPLICANT’S JURISDICTION THAT WILL NOT BE SERVICED BY ONE OR MORE OF THE PROPOSED ACTIVITIES

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| 1. EXPLAIN WHETHER THE MINORITY GROUP POPULATION, OR PORTION THEREOF, NOT SERVICED BY THE PROPOSED ACTIVITY (IES) ALREADY RECEIVES SUCH SERVICE. IF SO, DEFINE THE EXTENT OF EACH OF THESE EXISTING SERVICES AND INDICATE WHETHER THEY ARE EQUAL TO, GREATER THAN OR LESS THAN THE PROPOSED ACTIVITY(IES) RELATIVE TO THE LEVEL AND QUALITY OF SERVICES TO BE PROVIDED.

      |
| 1. IF THE MINORITY GROUP POPULATION, OR PORTION THEREOF, DOES NOT RECEIVE SUCH SERVICE(S) NOW AND WILL NOT RECEIVE THE BENEFIT OF THE PROPOSED ACTIVITY(IES), INDICATE THE APPROPRIATE TIME SUCH SERVICE(S) WILL BE PROVIDED TO SUCH RESIDENTS.

      |
| 1. IN THE EVENT NO FUTURE SERVICE(S) IS PLANNED FOR THE MINORITY GROUP POPULATION OR PORTION THEREOF, PROVIDE A STATEMENT OF THE REASONS WHY.

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| The phrase “minority group” as used herein, refers to Black, not of Hispanic Origin; Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture regardless of race); Asian or Pacific Islander; American Indian or Alaska Native.HUD-7089(6-78)Page 2 of 2 pagesSignature, Chief Executive Officer |

**Statement of Assurances**

The applicant hereby assures and certifies that:

(a) It possesses legal authority to apply for the grant, and to execute the proposed program, shall abide by all federal and state laws, executive orders, and regulations, including, but not limited to, those items listed in this section.

(b) Its governing body has duly adopted or passed as an official act a 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 to act in connection with the application and to provide such additional information as may be required.

(c) It has complied with all the requirements of Executive Order 12372 and that either:

(1) Any comments and recommendations made by or through clearinghouses are attached and have been considered prior to submission of the application; or

(2) The required procedures have been followed and no comments or recommendations have been received prior to submission of the application.

(d) It will facilitate citizen participation.

(1) Providing adequate notices for one or more public hearings, specifically to persons of low and moderate income;

(2) Holding one or more hearings at times and locations convenient to potential beneficiaries, convenient to the handicapped, and meeting needs of non-English speaking residents;

(3) Providing citizens information concerning the amount of funds available for proposed community development activities and the range of those activities;

(4) Providing citizens with information concerning the estimated amount of funds that will benefit persons of low and moderate income;

(5) Furnishing citizens with the plans made to minimize the displacement of persons and to assist persons actually displaced as a result of grant activities;

(6) Providing citizens with reasonable notice of substantial changes proposed in the use of grant funds and providing opportunity for public comment;

(7) Providing citizens with reasonable access to records regarding the past use of CDBG-DR funds received; and

(e) It will comply with the regulations, policies, guidelines and requirements of the OMB Super Circular and the "Common Rule," 24 CFR, Part 85 as they relate to the application, acceptance, and use of Federal funds under this document.

(f) It will comply with:

(1) Section 110 of the Housing and Community Development Act of 1974, as amended, 24 CFR 570.603, and State regulations regarding the administration and enforcement of labor standards;

(2) The provisions of the Davis-Bacon Act (40 U.S.C. S 276a-5) with respect to prevailing wage rates;

(3) Contract Work Hours and Safety Standards Act of 1962, 40 U.S.C. 327 et. seq., requiring that mechanics and laborers (including watchmen and guards) employed on federally assisted contracts be paid wages of not less than one and one-half times their basic wage rates for all hours worked in excess of forty in a work-week;

(4) Federal Fair Labor Standards Act, 29 U.S.C.S 102/et. seq., requiring that covered employees be paid at least the minimum prescribed wage, and also that they be paid one and one-half times their basic wage rate for all hours worked in excess of the prescribed work-week;

(5) Anti-Kickback (Copeland) Act of 1934, 18 U.S.C.S 874 and 40 U.S.C.S 276c, which outlaws and prescribes penalties for "kickbacks" of wages in federally financed or assisted construction activities; and

(6) KRS 337, with respect to Kentucky Prevailing Wage Rates and labor standards.

(g) It will comply with all requirements imposed by the State concerning special requirements of law, program requirements, and other administrative requirements.

(h) It will comply with:

Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), and the regulations issued pursuant thereto (24 CFR Part 1), which provides that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this assurance. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended, or for another purpose involving the provision of similar services or benefits;

(i) It will to the greatest extent practicable under State law, comply with Sections 301 and 302 of Title III (Uniform Real Property Acquisition Policy) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended with the final rule published February 3, 2005, and will comply with Sections 303 and 304 of Title III, and HUD implementing instructions at 24 CFR Part 42.

(j) It will:

1. Comply with Title II (Uniform Relocation Assistance) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and HUD implementing regulations at 24 CFR Part 42 and 24 CFR 570.606;

(2) Provide relocation payments and offer relocation assistance as described in the Uniform Relocation Assistance Act of 1970, as amended, to all persons displaced as a result of acquisition of real property for an activity assisted under the Community Development Block Grant program. Such payments and assistance shall be provided in a fair and consistent and equitable manner that insures that the relocation process does not result in different or separate treatment of such persons on account of race, color, religion, national origin, sex, or source of income; and

(3) Provide for reasonable benefits to any person involuntarily and permanently displaced as a result of the use of grant funds to acquire or substantially rehabilitate property.

(k) It will comply with the provisions of the Hatch Act that limits the political activity of employees.

(l) It will give the State, HUD and the Comptroller General, through any authorized representatives, access to and the right to examine all records, books, papers, or documents related to the grant.

(m) Its chief executive officer or other officer of applicant approved by the State:

1. Consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. S 4321 et. seq.) and other provisions of Federal law, as specified in 24 CFR Part 58, which furthers the purposes of NEPA, insofar as the provisions of such Federal law apply to the Kentucky Community Development Block Grant Program; and

(2) Is authorized and consents on behalf of the applicant and himself to accept the jurisdiction of the Federal courts for the purpose of enforcement of his responsibilities as such an official.

(n) It will comply with:

(1) The National Environmental Policy Act of 1969 (42 U.S.C. S 4321 et. seq.) and 24 CFR Part 58, and in connection with its performance of environmental assessments under the National Environmental Policy Act of 1969, comply with Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. 468), Executive Order 11593, and the Preservation of Archeological and Historical Data Act of 1974 (16 U.S.C. 469a-1, et. seq.) by:

1. Consulting with the State Historic Preservation Officer to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the proposed activity; and

(b) Complying with all requirements established by the State to avoid or mitigate adverse effects upon such properties.

1. Executive Order 11988, Floodplain Management;

(3) Executive Order 11990, Protection of Wetlands;

(4) Section 202(a) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4106) as it relates to the mandatory purchase of flood insurance for identified special flood hazard areas;

(5) The Endangered Species Act of 1973, as amended;

* 1. The Fish and Wildlife Coordination Act of 1958, as amended;

(7) The Wild and Scenic Rivers Act of 1968, as amended;

(8) The Safe Drinking Water Act of 1974, as amended;

(9) The Clean Air Act of 1970, as amended;

1. The Federal Water Pollution Control Act of 1972, as amended;

(11) The Clean Water Act of 1977; and

(12) The Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976.

(o) It will comply with 24 CFR Part 570.489(j) concerning the change of use of real property purchased or improved in whole or in part with CDBG-DR funds.

(p) It will comply with all provisions of Title I of the Housing and Community Development Act of 1974, as amended, as well as with all other applicable State and Federal laws which have not been cited previously.

The applicant hereby certifies that it will comply with the above stated assurances.

Signature, Chief Executive Officer

Name (typed or printed)

Title

Date