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| **For DLG Use Only** |  | **SAI Number** |  | **If a Project involves Water or Sewer Activities** |
| **23R-** |  |  |  | WRIS Number |

|  |
| --- |
| **PROJECT TITLE** |

**APPLICANT**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Applicant | | CEO | | | E-mail Address | | | | | |
| Street or P. O. Box | | | City | | | County | | State  KY | | ZIP Code + 4 | |
| Telephone Number | Fax Number | | | DUNS Number | | | Tax ID Number | | SAM Number | | |

**APPLICANT’S LDA or SUBRECIPIENT- CHECK BOX A FAITH BASED ORGANIZATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | CEO | Email Address | | | |
| Street or P. O. Box | | City | | | County | State  KY | ZIP Code + 4 |
| Telephone Number | Fax Number | | | DUNS Number | | | |

**PARTICIPATING PARTY CHECK BOX IF PARTICIPATING PARTY IS A FAITH BASED ORGANIZATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | CEO | Email Address | | | |
| Street or P. O. Box | | City | | | County | State  KY | ZIP Code + 4 |
| Telephone Number | Fax Number | | | DUNS Number | | | |

**PREPARER**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | | Telephone Number | | FAX Number | | |
| Organization | E-mail Address | | | | Certified Administrator  Yes  No | |
| Street or P. O. Box | City | | County | | State  KY | ZIP Code + 4 |

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



#### Introduction

###### 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. Answer all questions--if a particular question is not pertinent to your project, insert N/A. Please type or print all information. No additional pages will be allowed unless noted on form. Attach and number all exhibits to correspond with the appropriate section. Retyped forms will be accepted; however, the same format must be followed and pages must be numbered.

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

Project Summary

Project Funding Summary

Cost Summary [*https://kydlgweb.ky.gov/Documents/CDBG\_cities/COSTSUMMARY2010.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/COSTSUMMARY2010.xls)

Attach a Detailed Cost Estimate

Mapping Requirements – Including identification of projects location in identified Opportunity Zone.

Person Benefit Profiles

<https://kydlgweb.ky.gov/Documents/CDBG_cities/BenefitProfilewithBudgetInfo.xls>

Project Overview

Documents to Attach:

All Funding Commitment Letters: if cash please attach a bank statement, if loan please attach proof of ability to borrow funds

Kentucky State Clearinghouse Endorsement, as stated in the RHP Guidelines

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

For septic systems, attach a copy of the letter sent to the local health department listing each structure receiving a new upgraded septic system

If project involves a non-profit organization, please provide proof of the non-profit organization’s 501(c)(3) status to prove eligibility.

Copy of the adopted Temporary Relocation Policy (*if applicable*).

Documentation to substantiate that conflict of interest provisions have been discussed with the governing body and possible recipients.

Documentation of Rental Policy Guidelines and Policy for Assistance.

Applicant/Recipient Disclosure/Update Report (form HUD-2880)

<http://www.hud.gov/offices/adm/hudclips/handbooks/hsgh/4350.2/43502x18HSGH.pdf>.

Attach a copy of the following Division of Water written approvals, if applicable to this project

Water Infrastructure Branch (Planning Approval)

Water Infrastructure Branch (Pre-Design Meeting)\*

Engineering design and specifications approved\*\*

*\* These must be dated within 1 year of submission of this form*

*\*\*These must be dated within 2 years of submission of this form*

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

**Project Site Address (including ZIP code + 4):**

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**Project Site Address Census Tract:**

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**Please provide an updated detailed description of proposed project and how the proposed project has been impacted by COVID-19.**

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**FINANCING**

Include **all** funding amounts and sources. Please complete all appropriate columns and indicate the status of funds as “Approved”, “Applied For”, or “Committed”. In-kind contributions should be listed separately on the chart below. **Application ceiling is $1,000,000. RHP PreAward Costs are capped at 5% of total RHP funds requested. RHP Activity Delivery Costs are capped at 4% of total RHP funds requested.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Source** | **Amount** | **Project %** | **Type** | **Rate** | **Term** | **Status of Funds** |
| RHP |  |  |  |  |  |  |
| RHP PreAward Costs |  | 5% |  |  |  |  |
| RHP Activity Delivery Costs |  | 4% |  |  |  |  |
| **Subtotal - RHP** |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
|  | | | | | |
| **Source of In-Kind Contributions** | **Estimated Amount** |
|  |  |
|  |  |
|  |  |
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| **Total** |  |

**APPLICATION CERTIFICATION**

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

I am aware that the proposed project 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.

Title

Signature, Chief Executive Officer

     

Date

Name Typed

### Cost Summary

Attach a copy of the Cost Summary. The 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>).

Replace this page with the completed Cost Summary for this application

*Please include documentation and narrative describing how you arrived at cost estimations.*

1. Enter the amount of RHP funds requested for each activity identified in the "RHP Funds" column. These dollar amounts must be separated according to LMI for the activities of Acquisition, Rehabilitation and New Construction. Remaining project activities meeting the 51% benefit to low and moderate income persons can include their costs in their entirety to the LMI column.

LMI Determination

**Acquisition** is based on the reuse of the property. Examples for counting costs to the **LMI column** are:

* Acquired property that will be reused to directly benefit LMI persons. (LMI Housing must be occupied to meet the LMI national objective)
* Acquired and cleared parcels that will remain green space to improve the surroundings of a 51% LMI neighborhood, unless an undevelopable lot is deeded to an adjacent over-income property owner.
* Acquired and cleared property that will remain green space after all occupants are relocated from the project area, or that will be reused as a water retention basin, recreational park, etc., can be counted as LMI only when the community “as a whole” is 51% LMI or the census tract area is determined to be 51% LMI.

**NOTE: If there is the remote possibility that any of the properties will not remain green space or could be considered for future use other than to benefit LMI, please do not count the costs towards the LMI benefit.**

**Rehabilitation** is based on the benefit to the occupant of the structure.An example for counting costs to the Slum/Blight column is when a structure occupied by an “over income” homeowner is rehabilitated to address health and safety issues (this would only occur within a project area meeting Chapter 99 of Kentucky Revised Statutes).

**New Construction -** all RHP funds used towards new construction must benefit LMI occupants.

1. Enter the amount(s) of other funds, i.e., HOME, FEMA, PROGRAM INCOME, RD, ARC, to be used for each activity in the "Other Funds" column. The source of these funds should be identified in the "Source" column. If more than one (1) "Other Source of Funds" is used for an activity, please **identify** the **amounts and sources separately.**

**Special Notes:**

* Each RHP activity line item dollar amount must be rounded to the nearest $100.
* Total RHP dollar amount must be rounded to the nearest $1,000.
* Do not include in-kind dollars on the Cost Summary. In-kind dollars are not considered as matching funds.
* Expenses related to property acquisition (i.e., legal fees, clear title, closing costs,…) should be placed in the acquisition line item.
* Expenses related to rehabilitation (i.e., title searches, surveys, marketing, work write-ups and inspections (if independent of grant administrator) should be placed in the rehabilitation administration line item.
* No RHP funds shall be used for contingencies
* Total engineering design and inspection services are based on total construction costs excluding contingencies. RHP funding cannot exceed the RD fee schedule.
* Architectural/Engineering costs are to be included in the activity to which they pertain and are to be summarized at the bottom of the cost summary.

**All projects must include the following information on their maps**:

Replace this page with the completed Maps for this application

a. Include map of the applicant's jurisdiction showing:

* boundaries of the entire jurisdiction;
* project's location within the jurisdiction;
* areas of minority concentration within the jurisdiction;

b. Include map of the applicant's project area(s). This map must be specific to the project area(s), **and must clearly delineate:**

* boundaries of the project area(s);
* land to be acquired;
* floodplain area;
* drainage problem area;
* highways and railroad lines proximate to the project area (indicate if railroad line is

active or inactive).

c. Project maps must also include:

* structures and/or lots to be acquired
* structures to be cleared
* structures to be rehabbed (indicate minor, moderate, or major and identify those with potential lead-based paint removal)
* owner/renter/vacant status of structures
* mobile homes (designate if double wide)
* multi-family units (duplex, etc.)
* standard structures/no activity (neighborhood projects only)
* alternate structures (standby units for voluntary projects only)

d. Include a Census Tract map (s) showing the location of the proposed project and its location relative to the closest Opportunity Zone. Census Tract Maps can be downloaded at <http://www.census.gov/>

**Special Notes**:

* **Properties must be numbered on map and coincide with numbers on Map/Survey Form and the documentation sent to SHPO.**
* **Include photographs of each structure with name of occupant and owner, map number, address and type of activities.**
* **If any portion of the project area is located in a floodplain, provide evidence that applicant participates in the National Flood Insurance Program.**

**NOTE:** ECC requires the submission of a copy of a 7.5 minute USGS topographical map delineating these items. It is recommended that the project area map take this form.

#### Persons Benefit Profile

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, persons must be identified by racial and ethnic background. **The individual themselves make 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 **total** number of beneficiaries for all activities.
2. List the proposed activity number (exclude engineering, planning, and administration).
3. List number of **White** persons benefiting. (A person having origins in any of the original people of Europe, North Africa, or the Middle East)
4. List number of **Black/African American** persons benefiting. (A person having origins in any of the **black** racial groups of Africa.
5. List number of **Asian** persons benefiting. (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.)
6. List number of **American Indian/Alaskan Native** persons benefiting. (A person having origins in any of the original peoples of North, Central and South America and who maintain tribal affiliation or community attachment.)
7. List number of **Native Hawaiian/Other Pacific Islander** persons benefiting. (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
8. List number of **American Indian/Alaskan Native & Other** persons benefiting.
9. List number of **Asian & White** persons benefiting.
10. List number of **Black/African American & White** persons benefiting.
11. List number of **American Indian/Alaskan Native & Black/African American** persons benefiting.
12. List number of **Other Multi-Racial** persons benefiting.
13. Add together and **total** the number of beneficiaries for all races for an activity and enter the number in the total space.
14. List number of **Hispanic** persons benefiting. (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.
15. Show the Total of all Hispanic persons.
16. List number of **female head of households** benefiting.
17. List number and percent of **extremely low income** persons benefiting (0% to 30% of median).
18. List number and percent of **very low income** persons benefiting (31% to 50% of median).
19. List number and percent of **low income** persons benefiting (51% to 80% of median).
20. Add 17, 18, and 19 together and show the total number and percentage of LMI persons.
21. List number of persons who are not low to moderate income (above 81% of median).
22. List all sources of funding (RHP, HOME, ESG, HOPWA, ARC, etc) and amount of funds to be expended **by project activity**.
23. Complete as many sections as necessary to report beneficiaries for all RHP funded project activities.
24. For each activity shown on the Cost Summary, excluding planning and administration activities please provide a **BRIEF** narrative discussing the need for this activity, a description of the activity that will address this need and what you anticipate the accomplishments of what this activity will be.

**EACH ACTIVITY SHOULD BE SPECIFIC AND QUANTIFIED.**

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| **Activity**  **Number** | **Project Needs** | **Proposed Activities** | **Anticipated Accomplishments** |
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*Special Note: Acquisition and clearance activities must include an explanation of the disposition of the properties (reuse of property).*

***NOTE: Duplicate this Form if needed.***

1. Discuss the methodology used to determine project need

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1. Discuss the planning and administrative budgets for both CDBG-CV and other funding sources. Provide specific work to be undertaken as part of each activity.
2. Planning

Note: If the planning contract language indicates the recovery of costs or payment is contingent upon receiving a CDBG-CV, it is an ineligible CDBG-CV cost.

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1. Administration

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1. If housing counseling will be provided with CDBG-CV funds, please explain the services and how persons will benefit (i.e., individual counseling or group counseling.)

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1. Discuss project readiness. (i.e.*, status of other funds applications, clearinghouse conditions addressed, title and/or condemnation issues considered and budgeted for, etc.)*

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6. If other housing orientated funding sources (i.e. KHC, RD, ARC) are not included in this project to help maximize the effectiveness of CDBG-CV funds, please explain why these resources were not explored. If they were explored, please explain why their funds are not included in the project.

7. Discuss all local contributions to the project. *(financial and other)* Please attach funding sources verification of commitment and accessibility of all other funds. N*ote: If a city or county is contributing to the project, a resolution from their governing body stating approval of their commitment must be attached.*

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8. Discuss any known conflicts of interest. Please refer to household surveys and disclose any household members related to city employees or elected officials, pursuant to 24 CFR 570.489(h)(2).

**LEAD BASED PAINT INFORMATION (if applicable)**

9. a) Describe any procedures currently in place to ensure compliance with the Lead-Based Paint Regulations [24 CFR Part 35] (effective 9-15-2000, extended until 01-10-2002). Address lead hazard evaluation, reduction, clearance and temporary relocation.

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b) Explain how resources are immediately available to comply with the above procedures (i.e., availability of EPA certified risk assessors, paint inspectors, abatement supervisors and workers, testing facilities and relocation resources, etc.).

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