

Community Development Block Grant



2009* Project Application

Please complete the following Project application. An Application Guide is available with directions on completing the application, submission details, and contact information for questions regarding the application.

*Reprogrammed 2009 funds for project use completed by December 30, 2010.

General Information	Project Title:		DUNS #:	
	Applicant Organization/Agency:			
	Type of Organization	<input type="checkbox"/> Local Government	<input type="checkbox"/> Non-Profit Organization	
		<input type="checkbox"/> Public Agency	<input type="checkbox"/> Institution of Higher Education	
		<input type="checkbox"/> For-Profit Organization	<input type="checkbox"/> Anoka County Government	
		<input type="checkbox"/> Faith-Based Organization		
	Contact Person:		Title:	
	Address:			
City:	State:	Zip:		
Phone:	Email*			
Fax:	*Meeting notices will be sent by email only.			

Project Information	Project Address:	Project Service Area:
	Does the total project cost, reflected below in "Funding Request," account for federal prevailing wages? (Reference the Application Guide for information on federal wage laws) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	This project can be completed by December 30, 2010: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Project Activity: _____ (Select the HUD activity listed in the Application Guide that best fits this project; example: 030 Fire Station)	
	If this is a phased project, can this phase stand alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will CDBG funding be used to leverage additional funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Funding Request	Amount (\$) of CDBG Request	\$
	Amount (\$) of Community or Agency's Resources	\$
	Amount (\$) from Other Sources	\$
	Total Project Costs (\$)	\$

Partial Funding	Can this project be partially funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list priority items and amounts: Priority 1: Priority 2: Priority 3:
Project Narrative	Project Description Reference the Application Guide for required information for this section.	
	Describe the need and urgency for the proposed project. What are the consequences if the project is not funded?	
	Describe the organization's fiscal management including financial reporting and recording keeping.	
	Is there a fiscal agent other than the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Performance Measurement Standards (definitions located in the Application Guide)	Objective - SELECT ONE <input type="checkbox"/> <i>Suitable Living Environments</i> <input type="checkbox"/> <i>Decent Housing</i> <input type="checkbox"/> <i>Economic Opportunity</i>	
	Outcome - SELECT ONE <input type="checkbox"/> <i>Availability / Accessibility</i> <input type="checkbox"/> <i>Affordability</i> <input type="checkbox"/> <i>Sustainability</i>	
Infrastructure <input type="checkbox"/> Yes <input type="checkbox"/> No	If the project application is requesting assistance for water/sewer improvements, street improvements, or other infrastructure, answer the following questions: 1. Identify the urgency of the improvement. 2. Is the improvement included in the city/town improvement plan? 3. What circumstances led to the need for federal assistance?	
Slum/Blight Removal (National Objective)	If this project is for slum/blight removal, verification must be made in order to assure that a CDBG-funded activity meets the national objective regarding slums and blight. Verification for this project falls within one of the following categories: <input type="checkbox"/> Elimination of Slums and Blight Area Basis (SBA) <input type="checkbox"/> Elimination of Slums and Blight Spot Basis (SBS)	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe/identify the site location or boundaries.	
	Indicate the percent of building or public improvements that were deteriorated when the project was designated as slum/blight, and the year of designation: _____ % designated in _____ (year)	
	Public Improvement/Type of Condition:	
	Describe the conditions that qualify the project as slum or blight.	
Benefit to Low and Moderate Income People (National Objective) <input type="checkbox"/> Yes <input type="checkbox"/> No	Identify how the project will meet the Low/Moderate Income national objective. Carefully review the following activity definitions in the Application Guide before selecting an option. <input type="checkbox"/> Low/Moderate Income Employment (LME) <input type="checkbox"/> Low/Moderate Income Clientele (LMC) <input type="checkbox"/> Low/Moderate Income Area Benefit (LMA) - <i>Required: project/service area map</i> <input type="checkbox"/> Low/Moderate Income Housing (LMH) <input type="checkbox"/> Single-family housing <input type="checkbox"/> Multi-family housing	
	Will the program serve 100% of clientele from the following categories? Select all that apply: <input type="checkbox"/> Abused children <input type="checkbox"/> Illiterate Adults <input type="checkbox"/> Homeless Persons <input type="checkbox"/> Battered spouses <input type="checkbox"/> Migrant Farm Workers <input type="checkbox"/> Severely Disabled* <input type="checkbox"/> Elderly (62 years +)* <input type="checkbox"/> Persons with AIDS <small>*HUD definition in Application Guide</small>	
Housing Activities <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Housing	<input type="checkbox"/> Single-family <input type="checkbox"/> 2-, 3-, or 4-plex <input type="checkbox"/> Multi-family <input type="checkbox"/> Townhome <input type="checkbox"/> Single-Room Occupancy <input type="checkbox"/> Other:
	Tenancy	<input type="checkbox"/> Owner-occupied <input type="checkbox"/> Renter-occupied
	Income Level of Clients	<input type="checkbox"/> 0-30% Area Median Income <input type="checkbox"/> 31-50% Area Median Income <input type="checkbox"/> 51-80% Area Median Income
	Benefit to Homeless	<input type="checkbox"/> Not applicable <input type="checkbox"/> Homeless individuals <input type="checkbox"/> Homeless families
	Non-Homeless Special Need Population Served	<input type="checkbox"/> Elderly (62 years +) <input type="checkbox"/> Developmentally disabled <input type="checkbox"/> Severe mental illness <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol/drug abuse <input type="checkbox"/> Physical disability <input type="checkbox"/> Victims of domestic violence
	Total Number of Units	Number Occupied:

	Overall in Project	Number Vacant:
	Special Categories	<input type="checkbox"/> Section 504 accessible <input type="checkbox"/> Occupied by elderly (62+) <input type="checkbox"/> Designated for persons with HIV/AIDS <input type="checkbox"/> Brought into compliance with lead-based paint rules <input type="checkbox"/> Qualify as Energy Star standards <input type="checkbox"/> Brought from substandard to standard <input type="checkbox"/> Designated for chronically homeless
Acquisition, Rehabilitation, Demolition, Clearance, and Conversion	Type of Land	<input type="checkbox"/> Single- or Multi-Family Housing <input type="checkbox"/> Farm land and structures <input type="checkbox"/> Vacant land; free from any structures <input type="checkbox"/> Business, commercial, or industrial
	Site Control	<p>Indicate the status of the project site and attach documentation (lease agreement, purchase option, or property deed):</p> <input type="checkbox"/> Applicant <u>owns</u> property: Date acquired : _____ <input type="checkbox"/> Lease: Expiration date : _____ <input type="checkbox"/> Option to purchase: Expiration date: _____ <input type="checkbox"/> Other: Describe: _____
	Zoning	<p>Is the site zoned for the proposed activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, provide an explanation and timetable to change zoning or obtain variance. (Attach additional paperwork.)</p>
	Appraisal	<p>If request is for property acquisition, has an appraisal been completed within the last 12 months?</p> <input type="checkbox"/> Yes; copy of appraisal attached. <input type="checkbox"/> No; if appraised value not known, what is the fair market value determination? _____
	Relocation	<p>Does the project require relocation (moving) of occupants of a structure?</p> <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> No relocation necessary
	General Information Notice	<p>Has a General Information Notice to sellers and/or tenants of Relocation or No Relocation benefits been completed?</p> <input type="checkbox"/> Yes; provided to occupants on date: _____ <input type="checkbox"/> No; will be completed on date: _____
Environmental Considerations	Is the project currently underway?	<input type="checkbox"/> Yes; and a federally-accepted environmental review has been completed. <input type="checkbox"/> Yes; but there has not been an environmental review. <input type="checkbox"/> No; project will not begin before an environmental review is completed by Anoka County.

	Noise Abatement and Control	1. Distance from nearest railroad: <input type="checkbox"/> More, or <input type="checkbox"/> Less than 3,000 feet 2. Distance from nearest major roadway: <input type="checkbox"/> More, or <input type="checkbox"/> Less than 1,000 feet 3. Distance from nearest municipal or military airport: <input type="checkbox"/> More, or <input type="checkbox"/> Less than 5 miles
	Wetland Protection	Is there a wetland associated with the proposed project? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Flood Hazard Area	Is there evidence or knowledge that a portion of the proposed project is located in a 100- or 500-year flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other	Does the project: <ul style="list-style-type: none"> • Include repair, rehabilitation, or conversion of existing building/facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No • Involve new construction, acquisition of undeveloped land or any construction that requires ground disturbance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Conflict of Interest	As an applicant requesting funding, will any of your employees, agents, consultants, officers, or elected officials meet any of the following conflicts of interest: <input type="checkbox"/> Yes <input type="checkbox"/> No Participate in the decision making process for the approval of this application? (i.e., a Coon Rapids Councilmember, an Anoka County Commissioner or HRA Trustee) <input type="checkbox"/> Yes <input type="checkbox"/> No Have a financial interest or reap a financial benefit from this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Have an interest in any contract, subcontract or agreement with respect to this application either for themselves or those with whom they have family or business ties during the program year and for one year thereafter?	
Project Beneficiaries	Select the type of beneficiaries this project will address and the number of expected accomplishments. <input type="checkbox"/> Area or Spot designation <input type="checkbox"/> Housing Units – No. of: _____ <input type="checkbox"/> Households – No. of: _____ <input type="checkbox"/> Jobs – No. of: _____ <input type="checkbox"/> People – No. of: _____ <input type="checkbox"/> Public Facilities – No. of: _____ <input type="checkbox"/> Businesses – No. of: _____ <input type="checkbox"/> Demolition/clearance-No. units: _____	
Use of Contractors, Consultants	In accordance with federal regulations, CDBG funds may not be used to directly or indirectly employ, award contracts to, or otherwise engage the services or any contractor or subrecipient during any period of debarment, suspension, or placement of ineligibility status.	

	<p>Will you hire a contractor or consultant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, complete the following information:</p> <ol style="list-style-type: none"> 1. Name of consultant/firm and owner: 2. How were they selected? 3. Is the consultant/firm already under contract with your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is this consultant/firm a women or minority owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If you are unable to complete this section at the time of application, all contracts must be reviewed for debarment before a CDBG release of funds. Contact Anoka County as soon as possible with the information.</p>
<p>Data Collection</p>	<p>Describe the process for collecting beneficiary data, including who will collect it and how the data will be controlled to eliminate duplicated data.</p>
<p>Budget Narrative</p>	<p>See Guide for details on completing this section.</p>

Required Documentation

The following documents are to be attached to the final application submission.

- Resolution of governing body requesting grant or board minutes approving submission of application
- Supporting documentation (survey results, census data, etc.)
- State and Federal Tax Exemption Determination letter - 501(c)(3) Nonprofit
- List of Board of Directors/Council or Trustees
- Timeline or schedule of project milestones
- Building/area information and photographs
- Appraisals
- Phase Level Environmental Report
- Map or sketch of project area
- Professional certification, analysis of feasibility and/or cost estimate
- Project commitment letters

A copy of the applicant's 2009 Audit, Management & Compliance Report and a Certificate of Liability insurance will be required before the Subrecipient Agreement can be completed.

Certification

I hereby acknowledge that by applying for CDBG funds, this activity may require compliance in the following areas:

- Utilization of minority and women contractors
- Labor Standards provisions (Davis-Bacon Act)
- Uniform Relocation Act and Section 104(d)
- Section 3
- Environmental Regulations
- Flood Insurance
- Lead-Based Paint Assessment and/or Remediation or Abatement
- Debarred, suspended and ineligible contractors and subrecipients
- Handicapped accessibility
- Title VI of the Civil Rights Act of 1964
- Title VIII of the Civil Rights Act of 1969 - Fair Housing Act

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief. I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the program Administrator.

Signature of Authorized Official

Name of Authorized Official

Title

Date