

## CDBG COMMUNITY FACILITIES & SERVICES FUND APPLICATION

### APPLICANT INFORMATION

Applicant :	DUNS Number:	Population:
Chief Elected Official:	County:	
Address:		
Phone #:	Fax #:	E-mail Address:
<i>The undersigned chief elected official of the applicant certifies the information contained herein is true, correct and complete to the best of my knowledge and belief.</i> <b>Signature:</b>		

### APPLICATION PREPARER

Name/Title:		
Agency or Organization:		
Address:		
Phone #:	Fax #:	E-mail Address:

### SUBRECIPIENT

Agency or Organization:		
Contact Person Name/Title:		
Address:		
Phone #:	Fax #:	E-mail Address:

### SUBMISSION AND ATTACHMENTS CHECKLIST

- ✓ Please submit application items in the order listed below
- ✓ Submit the **original and one copy** of the completed application form, including:
  - Project information
  - Cost estimates
  - Operating budget (*for the entity that will own the project*)
  - Map of project area showing the project site and/or the proposed improvements
  - Floor plan of facility (*NA for storm sewer projects*)
  - Project feasibility narrative
  - Project impact narrative
  - Survey tabulation results
  - Income survey instrument
  - Federal assurances signature page
  - Community development and housing needs assessment
  - Applicant/Recipient Disclosure/Update form
  - Minority impact statement form
  - Copy of the public hearing notice
  - Copy of the public hearing minutes
  - Documentation of commitments from other funding sources or documentation that applications have been submitted to other funding sources (i.e., USDA-RD)
  - Relevant portions of studies or plans that support the project
  - Documentation of non-profit legal status and date of incorporation
  - Signed agreements between subrecipient and other parties, if applicable
  - Completed Green Streets Criteria Development Plan and Checklist – (Submit as last attachment)

<http://www.iowalifechanging.com/community/resources/default.aspx>

**PROJECT INFORMATION**

1. Check all that apply:
  - Applicant received CDBG funds in \_\_\_\_\_
  - Applicant has received no prior funding.
  - Applicant will contract for administration. Entity:
  - Applicant will administer grant (describe applicant’s administrative capacity):
  
2. Will any activities be conducted in a 100-year flood plain?  No  Yes
3. Will project activity include demolition of a standing structure?  No  Yes
 

If yes, is the structure occupied?  No  Yes      Year structure was built
4. Is this project identified in an Iowa Great Places agreement?  No  Yes
5. Brief Project Description and Number of Beneficiaries

Please provide a very short quantitative description, i.e. the type of project, square footage to be constructed or renovated, number of users to be served, additional users to be added to system, the number of lineal feet of storm sewer, etc. Detailed descriptions can be provided in the project narratives.

Project Beneficiaries:	
Number of individuals currently served	Number to be served at project completion

6. Project Activity Chart

IDED Use	Activity	CDBG Amount	Local Funds*	TOTAL
1.		\$	\$	\$
2.		\$	\$	\$
	Administration	\$	\$	\$
	TOTAL	\$	\$	\$

*Source(s) of Local Funding	Amount	Local Funds Secured? Yes/No	Date Local Funds Will Be Secured
Local Funds Source(s) and Type:			
1.	\$		
2.	\$		
3.	\$		

7. Delay of Local Effort. Will a delay in the contribution of local effort be necessary?
  - Yes       No If Yes, until what date?   /   /
  
8. Proposed End Date   /   /      (All contracts will be 18 months unless you anticipate a shorter schedule)

9. LMI Benefit Chart

(a) Project Activity (as listed above)	(b) Total Persons Served	(c) Total LMI Persons Served	(d) LMI Benefit (c/b)
1.			
2.			

Source of LMI benefit information provided above (check one):

- Local Income Survey
  Special Census  
 Limited Clientele (presumed 51%)
  Other (specify):  
 2000 HUD Census LMI Percentages

10. Beneficiary Race/Ethnicity Chart

Household Racial and Ethnic Information		
Racial/Ethnic Group	Number of Persons	
	Each Group	Hispanic Origin
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
<b>TOTAL PERSONS SERVED</b>		

**COST ESTIMATES**

1. Construction Cost Detail

Item Description	Estimated Quantity	Estimated Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Subtotal (A)</b>		\$

2. Professional Fees and Permits

	Estimated Cost
Final Design	\$
Construction Administration	\$
Permits/Archaeological Survey	\$
Legal and Bonding Fees	\$
CDBG Administration	\$
Other (specify):	\$
<b>Subtotal (B)</b>	\$

3. Related Construction Costs

	Estimated Cost
Real Property/Easements/Acquisition	\$
Contingencies	\$
Other (specify):	\$
<b>Subtotal (C)</b>	\$

4. Total Project Cost Estimates

Subtotal (A) + Subtotal (B) + Subtotal (C) = \$\_\_\_\_\_ **Total**

Estimates prepared / / by \_\_\_\_\_

Address/Telephone: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

**APPLICANT FINANCIAL INFORMATION** (Complete this page for storm water projects only)

1. User Fees and Revenues (You must include user fees for both utilities, regardless of project type.)

	Water	Sewer
Number of residential users		
Number of non-residential users (i.e., schools, businesses, hospitals, etc.)		
<b>Total number of all users (residential + non-residential users)</b>		
Current average monthly residential bills (if water or sewer service is not currently provided, please enter \$0)	\$	\$
Projected average monthly bill with CDBG funds	\$	\$
Projected average monthly bill without CDBG funds	\$	\$
Month/year of last rate increase	/	/

2. Bond and Debt Information

A. Current Tax Levy (City only, do not include county/school district levies) \_\_\_\_\_ / \$1000 of assessed value

B. Bonding Capacity (5% of assessed valuation) \_\_\_\_\_

C. Current General Obligation Bond Indebtedness \_\_\_\_\_

D. Detail of Existing Debt

	Debt Type (Rev. Bond, GO Bond, Other)	Purpose	Issue Date	Issue Amount	Year of Retirement
<b>Water Utility Debt</b>				\$	
				\$	
				\$	
				\$	
<b>Sewer Utility Debt</b>				\$	
				\$	
				\$	
				\$	
<b>All Other Debt</b>				\$	
				\$	
				\$	
				\$	

(Please use additional sheet, if necessary.)

E. Total Outstanding **Water Utility** Debt (GO Bonds, Revenue Bonds and other debt): \$\_\_\_\_\_

Total Outstanding **Sewer Utility** Debt (GO Bonds, Revenue Bonds and other debt): \$\_\_\_\_\_

**OPERATING BUDGET (Information to be provided for the entity that will own the project)**

If a Subrecipient, provide name, address and phone \_\_\_\_\_

Fiscal Year: from / / to / /

	Year 1 (Current Fiscal Year)	Year 2 (Construction Begins)	Year 3	Year 4
<b>CASH AVAILABLE</b>				
Beginning cash balance				
Operating income				
1.				
2.				
3.				
4.				
Additional sources				
1. Proceeds from loans				
2. Proceeds from grants				
3. Donations				
4. Interest income				
5. Other (specify)				
<b>Total Cash Available (A)</b>				
<b>CASH OUTFLOW</b>				
Operating expenses				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
New construction, equipment, & other capital investments				
Loans (principal and interest)				
Transfers to funded depreciation account				
Transfers to other accounts				
Other (specify)				
<b>Total Cash Outflow (B)</b>				
<b>Ending Cash Balance (C ) (subtract B from A)</b>				
<b>OTHER ACCOUNT BALANCES</b>				
Funded Depreciation Account – for items like future equipment replacement, site development, and facility expansion or improvements				
Reserve Account				
Other Accounts (specify)				
Investments (specify)				
<b>Total Other Account Balances (D)</b>				
<b>Total Balances: All Accounts (add C and D)</b>				

**PROJECT FEASIBILITY NARRATIVE** (Must address all bulleted items listed on page 6 of the instructions. For all Child Care projects, you must also address the items listed in the Child Care Center Planning Tip Sheet included at the end of the instructions.)

**PROJECT FEASIBILITY NARRATIVE (continued)**

**PROJECT IMPACT NARRATIVE** (Must address all bulleted items listed on page 6 of the instructions.)

**PROJECT IMPACT NARRATIVE (continued)**

**SURVEY TABULATION RESULTS**

Month and year the survey was conducted:     /

Description of the survey method used: \_\_\_\_\_

A. Total number of **households** in the project area \_\_\_\_\_

B. Number of **households** in the project area that were contacted  
(includes contacts with no answer) \_\_\_\_\_

*NOTE: A & B should be the same unless a random survey was done.  
If A does not equal B, explain below.*

C. Number of **usable** responses \_\_\_\_\_

D. **Percent** of **households** responding (C/B)     ***Must be 80% to be valid*** \_\_\_\_\_

E. How many **persons** were **below** the LMI income figure? \_\_\_\_\_

F. How many **persons** were **above** the LMI income figure? \_\_\_\_\_

G. Total number of **persons** responding (E + F) \_\_\_\_\_

H. What percent of **persons** were **below** the LMI income figure? (E/G) \_\_\_\_\_

I. What percent of **persons** were **above** the LMI income figure? (F/G) \_\_\_\_\_

J. Total number of **persons** in the project area  
*\*(For community-wide benefit projects, use 2000 census population figure)* \_\_\_\_\_

K. Total number of LMI persons benefiting (H x J) \_\_\_\_\_

If respondents were asked other questions in addition to income, provide a breakdown of responses by number and percent of the total responding.

**FEDERAL ASSURANCES SIGNATURE PAGE**

I, \_\_\_\_\_, (applicant official) hereby certify that in carrying out the activities funded under the CDBG Program, the City/County of \_\_\_\_\_:

- A. will minimize displacement of persons as a result of such activities;
- B. will conduct and administer the program in conformity with Public Law 88-352 (Title VI of the Civil Rights Act of 1964), and Public Law 90-284 (Title VIII of the Civil Rights Act of 1968) and will affirmatively further fair housing);
- C. will provide for opportunities for citizen participation, hearings, and access to information with respect to our community development program comparable to the requirements found under sections 104(a)(2) and 104(a)(3) of Title I of the Housing and Community Development Act of 1975 as amended through 1987; and
- D. will not attempt to recover any capital costs of public improvements assisted in whole or part under the CDBG Program by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless (i) funds received under the CDBG Program are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than under Public Law 93-383, as amended, or (ii) for purposes of assessing any amount against properties owned and occupied by persons of low and moderate income who are not of very low income, the city/county has certified to the State that it lacks sufficient funds received under the CDBG Program to comply with the requirements of clause (i) above.

I also certify that to the best of my knowledge and belief, data in the application is true and correct, including commitment of local resources; the document has been duly authorized by the governing body of the applicant; and the applicant will comply with all applicable federal and state requirements, including the following, if assistance is approved:

- A. Civil Rights Acts;
- B. Housing and Community Development Acts of 1974, as amended;
- C. Age Discrimination Act of 1975;
- D. Section 504 of the Rehabilitation Act of 1973;
- E. Davis-Bacon and Related Acts, as amended, where applicable under Section 110 of the Housing and Community Development Act of 1974, as amended; Contract Work Hours and Safety Standards Act; the Copeland Anti-kickback Act; and the Fair Labor Standards Act;
- F. National Environmental Policy Act of 1969 and 24 CFR 58 (Environmental Review);
- G. Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended;
- H. State of Iowa Citizen Participation Plan;
- I. Lead-based Paint Poisoning Prevention Act;
- J. Residential Anti-displacement and Relocation Assistance Plan;
- K. Government-wide Restriction on Lobbying and the Hatch Act; and
- L. Prohibition on the Use of Excessive Force.

\_\_\_\_\_  
 Typed Name of Applicant Official

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Typed Name of Person Attesting

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Community Development and Housing Needs Assessment**

Community Name: \_\_\_\_\_

Community Development and Housing Needs of LMI Persons

Other Community Development and Housing Needs

Planned or Potential Activities to Address Housing and Community Needs

Date and location assessment was prepared: \_\_\_\_\_

Number of local residents participating: \_\_\_\_\_

**Applicant/Recipient  
Disclosure/Update Report**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2510-0011

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

**Applicant/Recipient Information**

Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code):  ( ) -	2. Social Security Number or Employer ID Number:  - -
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received
5. State the name and location (street address, City and State) of the project or activity:	

**Part I Threshold Determinations**

1. Are you applying for assistance for a specific project or activity? (For further information see 24 CFR Sec. 4.3).  <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9  <input type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.** Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

**Part III Interested Parties.** You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature:  X	Date: (mm/dd/yyyy)
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**Public reporting burden** for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

**Note:** This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

**MINORITY IMPACT STATEMENT**

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.

**Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this project.

Indicate which group is impacted:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Women                     | <input type="checkbox"/> Latinos           | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> Asians            | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Blacks                    | <input type="checkbox"/> Pacific Islanders | <input type="checkbox"/> Other                    |

The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this project  
Present the rationale for the existence of the proposed program or policy.  
Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Women                     | <input type="checkbox"/> Latinos           | <input type="checkbox"/> American Indians         |
| <input type="checkbox"/> Persons with a Disability | <input type="checkbox"/> Asians            | <input type="checkbox"/> Alaskan Native Americans |
| <input type="checkbox"/> Blacks                    | <input type="checkbox"/> Pacific Islanders | <input type="checkbox"/> Other                    |

The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge: Name:

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