

2011 Community Development Block Grant (CDBG) Application Workshop

**Water & Sewer Fund, Community Facilities
& Services Fund, and Housing Fund**

**August 25, 2010
8:30 a.m. to 12:00 p.m.**

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Agenda

- 8:30 Overview of State CDBG Program**
- 8:45 Other Funding Programs**
- 9:00 Conducting an Income Survey**
- 9:15 Water and Sewer Fund Application**
- 9:30 Procurement of Engineer**
- 9:45 Community Facilities & Services Fund Application**
- 10:00 Green Criteria**
- 10:15 Questions and Answers**
- 10:30 BREAK Until 10:45**
- 10:45 Overview of Housing Fund**
- 11:00 Attachments to the Housing Application**
- 11:15 Housing Fund Application Walkthrough**
- 11:30 Procurement of Services**
- 11:45 Questions and Answers**

State of Iowa CDBG Program

- **Receive \$26 Million Annually**
- **U.S. Department of Housing and Urban Development**

National Objective

- **Primarily Benefit Persons of Low and Moderate Income**

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State of Iowa Community Development Block Grant Program

- Water & Sewer Fund
- Community Facilities and Services Fund
- Housing Fund
- Job Creation, Retention, and Enhancement Fund
- Contingency Fund

Water & Sewer Fund

Community Facilities & Services Fund

Water & Sewer Fund Community Facilities & Services Fund

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Agenda

- **Overview of State CDBG Program**
- **Other Funding Programs**
- **Conducting an Income Survey**
- **Water and Sewer Fund Application**
- **Procurement of Engineer**
- **Community Facilities & Services Fund Application**
- **Green Criteria**
- **Questions/Answers**

Water & Sewer Fund Community Facilities & Services Fund

Eligible Applicants

- **Cities Under 50,000**
- **All Counties**
- **On Behalf of a Non-Profit**

Water & Sewer Fund Community Facilities & Services Fund

Eligible Costs

- **Architectural and Engineering Fees**
- **Acquisition**
- **Construction**
- **Expansion**
- **Renovation**
- **Administration**

Water & Sewer Fund Community Facilities & Services Fund

Grant Ceilings

- 0-999 \$300,000*
- 1,000-2,499 \$500,000
- 2,500-14,999 \$600,000
- 15,000-49,999 \$800,000

*Maximum \$1000 Per Person

Water/Sewer Fund

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Water and Sewer Fund

2010 Program

- **79 Applications for \$26.1 Million**
- **34 Awards for \$11.8 Million**
- **\$52 Million Local Funds**

Water and Sewer Fund

Funding Cycle

- **August 25** **Application Workshop**
- **November 3** **W/S Applications Due**
- **March 23** **Awards**
- **April 6** **Recipient Workshop**

Water and Sewer Fund

Application Review Criteria

- **Need for the Project**
- **Timely Start and Completion**
- **Local Funds Leveraged**
- **Cost Per Beneficiary**
- **Best Long Term Option**
- **Affordability**

Readiness Requirements

- **Procurement of Engineer Prior to Submittal of Application**
- **Submittal of Application to Other Funding Agencies by CDBG Due Date**
- **Submittal of Approvable PER to DNR by CDBG Due Date For All Projects**
- **Submittal of Approvable PER to USDA**
- **Submittal of Approvable PER With CDBG Application**

Community Facilities & Services Fund

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Community Facilities & Services Fund

2010 Program

- 12 Applications for \$5.2 Million
- 4 Awards for \$2.1 Million
- \$4.6 Million Local Funds

Community Facilities & Services Fund

Projects Funded in 2010

- 1 Child Care Centers
- 2 Vocational Skills Training Facilities for Persons with Disabilities

Community Facilities & Services Fund

Funding Cycle

- **August 25**
Workshop
- **January 5**
Application
- **March 23**
CF Applications Due
- **April 6**
Awards
- **April 6**
Recipient Workshop

Community Facilities & Services Fund

Eligible Activities

- **Child Care Centers**
- **Facilities for Physically and Mentally Challenged**
- **Senior Centers**
- **Homeless Shelters**
- **Storm Sewer & Drainage**

Community Facilities & Services Fund

Application Review Criteria

- Need for the Project
- Timely Start and Completion
- Local Funds Leveraged
- Cost Per Beneficiary
- Capacity to Operate Facility
- Amount of Local Funds Committed or Secured
- Percentage of Low and Moderate Income Persons Being Served
- Will Meet National Objective After Completion

Readiness Requirements

- **Submittal of Application to Other Funding Agencies by CDBG Due Date**

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Low and Moderate Income (LMI) Benefit

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Types of LMI Benefit

- **Area benefit**
 - Targeted project area
 - Community-wide project area
- **Limited clientele**
 - Benefiting a specific group of people
 - Presumed to be 51% LMI without conducting a survey

Limited Clientele

- **Groups defined by CDBG regulations**
 - Abused children
 - Elderly persons
 - Battered spouses
 - Homeless persons

Limited Clientele

(continued)

- Adults meeting census definition of “severely disabled adults”
- Illiterate adults
- Persons living with AIDS
- Migrant farm workers

Methods to Determine LMI Benefit

- HUD LMI percentage based on 2000 census material
- Limited clientele (presumed 51%)
- Income survey
 - Surveys completed in 2008, 2009 or 2010

Conducting an Income Survey

- **Survey guidelines**
 - **Project areas less than 300 households**
 - All households must be contacted
 - **Project areas larger than 300 households**
 - Applicant may do a random sample survey

LMI Surveys

(continued)

- **Survey sample for areas larger than 300 households**
 - Selected randomly
 - Must include minimum of 300 households
 - Utility billing list to select households

LMI Surveys

(continued)

- **Group quarters are not considered households**
 - Dormitories
 - Jails
 - Care facilities
- **Contact IDED concerning sampling technique prior to completing survey**

LMI Surveys

(continued)

- **Acceptable survey methods**
 - House-to-house
 - Telephone
 - Mail out/pick-up
- ***Surveys must have an 80% response rate to be valid***

LMI Surveys

(continued)

- **Unacceptable/unusable methods**
 - Mail-out/mail-in survey with low response rate
 - Third party estimates of household income
 - Income assumptions about classes of people

Sample Survey Form

- **Use a simple survey form**
 - **Brief explanation of the survey**
 - **Assurance of anonymity**
 - **Name of local official or responsible party**

Sample Survey Form

(continued)

- Household size
- Household income
- Citizen support?
- Racial and ethnic data
 - Neighborhood projects
 - Direct beneficiary projects such child care facilities

Racial and Ethnic Data

- **Collect as part of the survey process**
- **Generally applies to CF&S fund projects**
 - **Direct beneficiaries**
- **Racial/ethnic categories**

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		
TOTAL PERSONS SERVED		

Survey Tabulation

- **Complete survey tabulation results sheet and maintain in your files**
- **Maintain a copy of the actual survey instrument used**

LMI Verification

- **Maintain separate list of those completing survey**
- **Keep all survey responses completely confidential**
- **Maintain surveys in file**

LMI Verification

- **Re-survey for some funded projects**
 - CF&S fund projects with direct beneficiaries
 - Potential changes in users
 - LMI benefit must be documented at project completion

LMI Survey for Direct Benefit Projects

You are being asked to complete this survey as a beneficiary of a project funded with federal Community Development Block Grant funds. Using the table below, please indicate the range your household income falls into in relation to the 30%, 50%, 60% and 80% of median income levels listed for your size household. You are not required to put your name on the survey, and all information collected will be kept strictly confidential. If you have questions concerning this survey, please contact _____ at the following number: _____.

Income Limits									
		1 person household	2 person household	3 person household	4 person household	5 person household	6 person household	7 person household	8 or more persons
A	30% of Median Income								
B	50% of Median Income								
C	60% of Median Income								
D	80% of Median Income								

My Household Size is: _____

Please check the box below that represents your household income in relation to the 30%, 50%, 60%, and 80% income levels (in rows A-D) that appear immediately below your household size in the table above.

My Household Income is: (check only one box below)

- | | |
|---|---|
| <input type="checkbox"/> Below Row A income level (<30%) | <input type="checkbox"/> Between Row C & D income levels (<80%) |
| <input type="checkbox"/> Between Row A & B income levels (<50%) | <input type="checkbox"/> Above Row D income level (non-LMI) |
| <input type="checkbox"/> Between Row B & C income levels (<60%) | |

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		
TOTAL PERSONS SERVED		

Summary

- Surveys must be completed prior to application submittal
- Survey all households if project area is under 300 households

Summary

(continued)

- Survey sample must include minimum of 300 households
- All households must have equal chance of being surveyed
- Survey must have an 80% response rate to be valid

Summary

(continued)

- **Maintain survey instrument and tabulation results in your files**
- **Surveys must be available for review at monitoring**
- **Contact IDED with any questions about survey methodology or sampling**

Water and Sewer Fund Application

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Application Materials Online

www.iowalifechanging.com/community/cdbg

CDBG WATER/SEWER FUND APPLICATION

APPLICANT INFORMATION

Applicant: [REDACTED]	DUNS Number: [REDACTED]	Population: [REDACTED]
Chief Elected Official: [REDACTED]	County: [REDACTED]	
Address: [REDACTED]		
Phone #: [REDACTED]	Fax #: [REDACTED]	E-mail Address: [REDACTED]
<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> Signature:		

APPLICATION PREPARER INFORMATION

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

PROJECT ENGINEER INFORMATION

Firm Name: [REDACTED]		
Contact Person Name/Title: [REDACTED]		
Address: [REDACTED]		
Phone #: [REDACTED]	Fax #: [REDACTED]	E-mail Address: [REDACTED]



Additional Items for 2011 Water/Sewer Applications

- **DUNS number**

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
- Applicant financial information
- Map of project area showing the proposed improvements
- 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
- Procurement of engineer 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, IDNR)
- DNR inspection reports or correspondence that indicates a need for the project (if applicable)
- Facility Plan for wastewater projects or Preliminary Engineering Report for water projects
- Copy of current rate ordinance for water/sewer utilities

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. If a wastewater project, provide date of the project initiation meeting with DNR _____

5. Is this project identified in an Iowa Great Places agreement? No Yes

6. Brief Project Description

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

7. Project Purpose (use exact wording found in instructions): _____

8. Project Activity Chart



<small>ICD USA</small>	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. []	\$ []	[]	[]

9. Delay of Local Effort. Will a delay in the contribution of local effort be necessary?

Yes No If Yes, until what date? []/[]/[]

10. Proposed End Date []/[]/[] (All contracts will be 18 months unless you anticipate a shorter schedule)

7. LMI Benefit Chart

(a) Project Activity (as listed above)	(b) Total Persons Served	(c) Total LMI Persons Served	(d) LMI Benefit (c/b)
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

8. 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		
TOTAL PERSONS SERVED		

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.)	_____	_____
Total number of all users (residential + non-residential users)	_____	_____
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 (6% 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
Water Utility Debt	_____	_____	____/____	\$ _____	____
	_____	_____	____/____	\$ _____	____
	_____	_____	____/____	\$ _____	____
	_____	_____	____/____	\$ _____	____
Sewer Utility Debt	_____	_____	____/____	\$ _____	____
	_____	_____	____/____	\$ _____	____
	_____	_____	____/____	\$ _____	____
	_____	_____	____/____	\$ _____	____
All Other Debt	_____	_____	____/____	\$ _____	____
	_____	_____	____/____	\$ _____	____
	_____	_____	____/____	\$ _____	____
	_____	_____	____/____	\$ _____	____

(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): \$ _____

Project Feasibility Narrative (pages 6-7)

Prepare a brief narrative describing the proposed project. The narrative **must** address the following issues:

- What community needs will this project address?
- What specific outcomes will result from completion of the project?
- How has the number of beneficiaries been documented?
- How has the LMI benefit been documented?
- How soon will the project proceed if an award is made?
- What is the timeline for project completion? Please identify your project using only the following major milestones:
 - Environmental Assessment/Request for Release of Funds
 - Land acquisition, if applicable
 - Completion of final plans and specifications
 - Construction permit issued
 - Bidletting date
 - Bid/contract award date
 - Construction start date
 - Construction completion date

- If applicable, has a specific site been determined for the project?
- Will there be acquisition of property related to the project?
- Is there documented local planning/citizen support for the project? Attach documentation.
- Are there formal studies by outside agencies that support the project? Attach relevant portions of those studies.
- Describe the project owner's capacity to operate/maintain the project and continue its viability after CDBG assistance.

Project Impact Narrative (pages 8-9)

Prepare a brief narrative describing the potential impact of the project. The narrative **must** address the following issues:

- What is the potential economic/community development impact of the project on the area?
- Who will be the project beneficiaries?
- Have cooperative approaches/sharing with other area communities been considered?
- Why are CDBG funds essential to the project?
- How would the project affect current and future land use patterns?
- Is the site within the city limits?
- Is the project appropriate for the community's size, including expected population trends?
- Will the project have significant excess capacity?
- How well is the project targeted for maximum impact on a geographic area/specific group?
- Were other options explored? Describe options considered and why they were rejected.
- How does the project promote orderly, compact development?

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.

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:

Procurement of Engineer

Any engineering services to be provided during the term of the CDBG contract must be procured prior to submitting this application. These services must be procured according to CDBG regulations by a request for proposals (RFP) or a request for qualifications (RFQ). Notification must also be published in a newspaper of general circulation.

Please provide the information requested below regarding the procurement of the engineering firm.

1. Date of publication and name of newspaper notice was published in:
2. Date of letter sent to engineering firms requesting qualifications:
3. List of engineering firms receiving letter request for qualifications:
4. List of engineering firms submitting qualifications:
5. Date engineering firm selected by governing board:
6. Name and address of engineering firm selected:

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 checked="" 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: _____

Procurement

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Procurement

- **CDBG recipients must comply with procurement requirements of 24 CFR Part 85.36**
- **All applications must have procured for engineering services**
 - **If not applications will be considered incomplete**

24 CFR Part 85 Chapter 36

- **Standards that are applicable to procurement for federal awards.**
- **Deals with:**
 - **Methods of Procurement**
 - **Recipient Responsibilities**

Federal Requirements

- **Efficiently and Economically**
- **Open and free competition**

Federal Requirements

- **Direct Solicitation to Engineering Firms**
 - **Must clearly explain the criteria that sources will be evaluated on**
- **Publicize in official publication**
 - **Must clearly explain the criteria that sources will be evaluated on**

Professional Services Evaluation:

An Example

Architectural and Engineering

- Qualification Based Selection method (QBS)
- Evaluation factors
 - Experience and technical competence;
 - Firm and individual
 - Creativity and problem solving abilities
 - Capacity and capability;
 - Technical project cost controls, construction observance, time scheduling
 - Past record of performance; and
 - References
 - Customer satisfaction
 - Proximity and familiarity of the area.

Community Facilities and Services Fund Application

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Application Materials Online

www.iowalifechanging.com/community/cdbg

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> Signature: []		

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>

Additional Items for 2011 Community Facilities

- **DUNS number**

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

<small>DD MM AAAA</small>	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. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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		
TOTAL PERSONS SERVED		

COST ESTIMATES

1. Construction Cost Detail

Item Description	Estimated Quantity	Estimated Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Subtotal (A)		\$

2. Professional Fees and Permits

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

3. Related Construction Costs

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

4. Total Project Cost Estimates

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

Estimates prepared / / by

Address/Telephone:

Signature/Date: _____

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 Begin)	Year 3	Year 4
CASH AVAILABLE				
Beginning cash balance				
Operating income				
1. _____				
2. _____				
3. _____				
4. _____				
Additional sources				
1. Proceeds from loans				
2. Proceeds from grants				
4. Donations				
5. Interest income				
6. Other (specify) _____				
Total Cash Available (A)				
CASH OUTFLOW				
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) _____				
Total Cash Outflow (B)				
Ending Cash Balance (C) (subtract B from A)				
OTHER ACCOUNT BALANCES				
Funded Depreciation Account - for items like vehicle equipment replacement, site development, and facility expansion or improvements				
Reserve Account				
Other Accounts (specify) _____				
Investments (specify) _____				
Total Other Account Balances (D)				
Total Balance: All Accounts (add C and D)				

Project Feasibility Narrative (page 7 & 8)

Prepare a brief narrative describing the proposed project. If you are applying for child care projects: please also reference the Child Care Planning Tip Sheet attached to these instructions for further items to discuss in the narrative. The narrative must address the following issues:

- Describe the need for the project, including the existing conditions and problems that will be resolved.
- Describe any community assessments, surveys or formal studies that identify the proposed project as a need for the community. Attach relevant portions to document support for the project.
- Describe specific outcomes of the project including a description of the **new or increased level of service** that will result from the completion of the project.
- Provide a chronological list of the planning process to date for the proposed project. Include meeting with potential partners and funding agencies
- How has the number of beneficiaries been documented?
- What is the timeline for project completion? Identify major milestones.
- If applicable, has a specific site been determined for the project?
- Will there be acquisition of property related to the project?
- Who will own the property? If different, who will own the building?
- Is there documented citizen support for the project? Attach documentation.
- Describe the organization that will operate the facility or service. List key individuals who will be responsible for the day-to-day operations and provide specific information regarding their experience and ability.
- Specify the organization's legal status and date of incorporation. Provide documentation.
- If applicable, have any agreements been signed between the subrecipient and others?

Project Impact Narrative (page 9 & 10)

Prepare a brief narrative describing the potential impact of the project. The narrative must address the following issues:

- What is the potential community development impact of the project on the area?
- Have cooperative approaches/sharing with other area communities been considered?
- Why are CDBG funds essential to the project?
- How would the project affect current and future land use patterns?
- Is the site within the city limits?
- Is the project appropriate for the community's size, including expected population trends?
- Will the project have significant excess capacity?
- Describe other alternatives that were considered and why they were rejected.
- How does the project promote orderly, compact development?

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.

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:

**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): [Redacted] () - [Redacted]	2. Social Security Number or Employer ID Number: [Redacted]
3. HUD Program Name: [Redacted]	4. Amount of HUD Assistance Requested/Received: [Redacted]

5. State the name and location (street address, city and state) of the project or activity:
[Redacted]

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 checked="" 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), including 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.
--	---

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
[Redacted]	[Redacted]	[Redacted]	[Redacted]

(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 %)
[Redacted]	[Redacted]	[Redacted]	[Redacted]

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 disclosure of information, including information on non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information is true and complete.

Signature: [Redacted] Date: (mm/dd/yyyy) [Redacted]

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 of information unless it 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 112 of the Department of Housing and Urban Development Reform Act of 1980, 42 U.S.C. 3532. 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 1980, Pub. L. 101-256, approved December 15, 1980. 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 104(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make it available to the public all applicants 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 104(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 do so, however, does not constitute consent, and the information may be obtained from other sources, and may be used for other purposes, and will be disseminated to the extent that is permitted under 5 U.S.C. 552. (E.O. 12958)



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 checked="" 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: _____

Recommendations

- Be sure to use the Child Care Center Planning Tip Sheet on p. 13-14 of the CDBG Community Services and Facilities Application
- Look over Iowa Green Streets Criteria on p. 12 of the CDBG Community Services and Facilities Application and complete mandatory documents

Iowa Green Streets Criteria

Available on IDEED's Website:
www.iowalifechanging.com/community

Iowa Green Streets Criteria

**Sustainability & Smart Growth
Principals**

Integrated Design Process

Iowa Green Streets Criteria

*** 8 Sections:**

Section 1 - Integrated Design

Section 2 - Site/Location/Neighborhood Fabric

Section 3 - Site Improvements

Section 4 - Water Conservation

Section 5 - Energy Efficiency

Section 6 - Materials - Benefit to the Environment

Section 7 - Healthy Living Environment

Section 8 - Operations & Maintenance

Iowa Green Streets Criteria

- **“Mandatory” requirements throughout**
- **Considered as a requisite for funding (new “threshold” requirements)**
- **Sections 1 & 2 must be met prior to application submission**
- **Information, forms and documentation must be submitted with the Community Facilities Application.**

Iowa Green Streets Criteria

- Green Development Plan and Checklist
- Preliminary Map depicting Proximity to Existing Development
- Preliminary Map and/or support documentation that reflects Protecting Environmental Resources

Iowa Green Streets Criteria

- Preliminary Map depicting Proximity to Services
- Preliminary Map depicting Walkable Neighborhoods – Sidewalks and Pathways

Iowa Green Streets Criteria

- **Green Development Plan and Checklist**
 - <http://www.iowalifechanging.com/community/downloads/green-criteria08-checklist.xls>
- **Mandatory items must be addressed preliminary design considerations**
- **Certification by applicant to comply**

Appendix A

Green Development Plan and Checklist

A Microsoft Excel version of the Green Development Plan can be completed electronically online at www.iowalifechanging.com/community.

Green Development Plan

Developer Name:

Project Name:

Address (Street/City/State):

Description of Process

A description of the process that was used to select the green building strategies, systems and materials that will be incorporated into the project. (500 word maximum)

Project Team Members

A listing of the team members who participated in the integrated design charrette. Please include name, affiliation/company, discipline.

Goals

Brief points of the overall green development goals of the project and the expected intended outcomes from addressing those goals.

Appendix A
Green Development Plan and Checklist

Must include a **Site Plan** indicating distance of utilities and sidewalk connections as appropriate. Must include **Context Map** indicating locations of minimally required community facilities and their distances from project boundaries. A Microsoft Excel version of the checklist that provides a drop-down list for completing the "Intended Method of Satisfying Green Criteria" is available online at www.iowalifechanging.com/community.

Mandatory **Optional**

Completed		Item	Intended Method of Satisfying Green Criteria	Yes, No or NA	Points	Changes (name and profession if role)	Additional Comments by Applicant
Section 1: Integrated Design							
	1-1	Green Development Plan & Checklist (Mandatory)					
	1-2	Applicant/Recipient, Architect/Project Designer, and/or Contractor Certification (Mandatory)					
	1-3	Universal Design (Optional 5 points)					
				Section 1 Subtotal			
Section 2: Site, Location and Neighborhood Fabric							
	2-1a	Smart Site Location - Proximity to Existing Development (Mandatory except for rehab) (Context map must demonstrate that project satisfies this item)					
	2-1b	Smart Site Location - Protecting Environmental Resources (Mandatory except for infill sites or rehab) (Site and Context map must demonstrate that project satisfies this item)					
	2-1c	Smart Site Location - Proximity to Services (Mandatory except for infill sites or rehab) (Context map must demonstrate that project satisfies this item)					
	2-2a	Compact Development (Optional 25 points) (Submit density calculation and documentation from local jurisdiction)					
	2-2b	Compact Development (Optional 5 points) (Site map and architect's density calculation must demonstrate that project satisfies this item)					

Iowa Green Streets Criteria

- There are a number of “optional” items
- You can gain a slight competitive edge by doing optional elements
- If you say you are going to do an option(s) – we will hold you to it

Iowa Green Streets Criteria

- **Requires considerable up-front (pre-app) involvement**
- **Several cautions about what you can do, by whom, timing and eligibility of costs**

Iowa Green Streets Criteria

Contact:

Jeff Geerts

Special Projects Coordinator

Phone 515.725.3069

Email: jeff.geerts@iowa.gov

Questions

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CDBG Program Contacts

Leslie Leager, Team Leader

515.725.3071

leslie.leager@iowa.gov

Dan Narber , Project Manager

515.725.3072

dan.narber@iowa.gov

Benton Quade, Project Manager

515.725.3073

benton.quade@iowa.gov

2011 CDBG Housing Fund

Application Workshop

All applications due by 4:30 P.M.

December 8, 2010 at

IDED

200 E. Grand Avenue

Des Moines, IA 50309

Iowa Department of Economic Development

- Darlene Brinkman
- Donna Grgurich
- Julie Lunn

Purpose

To expand and preserve (or retain) the supply of decent and affordable housing for low- and moderate-income Iowans

**Proposed
Housing Fund
Administrative Rules
Revisions
For 2011**

Housing Fund Eligible Applicants And Activities

- **CDBG** - local governments only
 - ✓ Cities and counties
 - ✓ Not entitlement cities
- **Owner-occupied rehabilitation**

CDBG Requirements

- Income eligibility
- Community support
(Including financial support)
- Cross-cutting legislation

Application Considerations

- Threshold criteria
 - Eligible Applicant
 - Eligible Activity
 - Proposal meets applicable activity requirements
- Need
- Impact
- Feasibility

Maximum Amounts

- The maximum amount an Owner Occupied application may request is limited to \$500,000
- Owner Occupied rehabilitation is limited to \$37,500 per unit which includes all costs. (cannot exceed \$24,999 hard cost of rehab)
- Technical services capped at \$4,500 per unit

Owner-occupied Rehabilitation

The only form of CDBG assistance to the end user (homeowners) is a **forgivable loan** with a five (5) year term (receding) minimum.

Owner-Occupied Rehabilitation

- Dwellings to be rehabilitated can not be located in a 100-year floodplain
- Dwellings to be rehabilitated must be completely residential in character
- Must be single-family-single unit
- Assisted units must be the property owner's principal place of residence and they must be an owner-occupant

Owner-Occupied Rehabilitation

In the absence of local codes/standards/ordinances, communities with a population of 15,000 or less, rehabilitation must be done in compliance with “Iowa’s Minimum Housing Rehabilitation Standards”

Housing Fund Requirements

Lead Safe Housing

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24 CFR, Part 35 et.al.

“Requirements for Notification, Evaluation, and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance; Final Rule”

Commonly known as the
“Lead Safe Housing Regulations”

24 CFR, Part 35 et.al. (continued)

Generally, the Lead Safe Housing Regulations apply to all housing constructed prior to Jan. 1, 1978;

Referred to as **“Target Housing”**

EPA Legislation

- Administered by the IDPH

www.idph.state.ia.us

> Programs

> Lead poisoning prevention

(800) 972-2026

Housing Fund Requirements

Environmental

Benton Quade

Office Telephone (515) 725-3073

benton.quade@iowalifechanging.com

National Environmental Policy Act of 1969 (NEPA)

24 CFR Part 58

- Environmental Review

Completion of environmental review process is mandatory before any action a specific site, or making a commitment or expenditure of HUD or any other non-HUD project funds.

Procurement

Julie Lunn

Office Phone: (515)725-3082

julie.Lunn@iowa.gov

Procurement and Contracting

Federal procurement standards
24 CFR; Part 85.36

Procurement and Contracting

Procurement Standards:

- Applicable to local governments

Procurement and Contracting

Contracting

- Several "Cautions"
- Do Not disqualify your proposal

Procurement and Contracting

- Procurement is allowed to occur prior to application submission-most services
- Selection must be “contingent on award”
- Types of services procured prior to application submission will fall under Competitive Proposals method of procurement

Attachment Review

Donna Grgurich

Office Phone Number (515) 725-3066

donna.grgurich@iowa.gov

Citizen Participation Plan

- **Conduct a Public Hearing**
- **Before Application Submittal**
(See Citizen Participation page 4 of the application). Include the Proof of Publication or if the population is less than 200 include documentation of posting in three locations and date. Include signed and dated minutes from the public hearing.

Conduct A Public Hearing:

- **When awarded CDBG Funds**
- ✓ **A public hearing on the status of funded activities must also be conducted.**

Community Development and Housing Needs Assessment

**Federal law requires each local
government applicant to identify
community development and
housing needs**

Planning for Audit Costs

Audit related costs should be included in your application budget

Map

Of project and activity location

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Minority Impact Statement

Impact on minority groups

✓ **Very simple form**

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DUNS Number

Data Universal Numbering System

✓ **Everyone must have one**

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More Attachments

- ✓ **Applicant/Recipient Disclosure Update Form**
- ✓ **Form W-9 Request for Taxpayer ID Number**
- ✓ **Federal Assurances Signature Page**
- ✓ **80% LMI Chart**

Application

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Darlene Brickman
Office Telephone (515) 725-3028
darlene.brickman@iowa.gov

The Application Format

- Table of Contents - page 1
- List of Enclosures - page 1
- General Application Form and Budget
pages 7-9

ID Number: _____ (for IDED)

IOWA DEPARTMENT OF ECONOMIC DEVELOPMENT (IDED): HOUSING FUND GENERAL APPLICATION

PART A. APPLICANT

Applicant Name: _____ Taxpayer ID#: _____

CEO Name: _____ Title: _____

CEO Signature: _____ DUNS # _____

Applicant Address: _____
Street City State Zip

Telephone: _____ Cell: _____ FAX: _____

Email Address: _____

PART B. CONTACT PERSON

Name: _____ Title: _____

Agency Name: _____

Address: _____
Street City State Zip

Telephone: _____ Cell: _____ FAX: _____

Email: _____

PART C. ACTIVITY OR PROJECT INFORMATION

Will your housing rehabilitation program be in a targeted area of town? Yes ___ No ___

Target area description (boundaries):

City: _____ County: _____

Are any proposed houses located in a 100-year floodplain? Yes No

Population of the community the project or activity will be located in: _____

Total # of units: _____

Activity Timeline: _____

General Application

Part F. Housing Fund Budget Summary

Activity	Check One:		General Administration	Housing Fund Total
	Rental Homeownership Assistance	TBRA Owner-Occupied Rehab		
# of Units (Housing Fund Assisted)				
Housing Fund Grant Requested Amount	\$		\$ [D]	\$
Housing Fund Loan Requested Amount	\$			\$
TOTALS	\$		\$	\$ [A]

Other Funds Summary

Source of Funds (list all)	Use of Funds (Be Specific)	Amounts	Grant OR Loan (If loan, provide interest rate & term)	Contact Person Name	Telephone Number	Commitment Status
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
	Other General Admin.	\$ [E]				
	Other Funds Total	\$ [B]				
	TOTAL PROJECT BUDGET=[C] (Housing Fund Total [A] + Other Funds Total [B] = [C])	\$ [C]				

TOTAL GENERAL ADMINISTRATION (D + E = F) \$ _____
[F]

Iowa Department of Economic Development

For More Information or Assistance:

Email Address: housing@iowalifechanging.com

Web Address: <http://iowalifechanging.com/community/cdbg/>

Phone: (515) 725-3062

IDED: 200 E. Grand Avenue
Des Moines, IA 50309