

**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



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**State of Iowa CDBG Program**

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



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**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

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**Water & Sewer Fund**

**Community Facilities & Services Fund**

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**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



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**Water & Sewer Fund  
Community Facilities & Services Fund**

**Eligible Applicants**

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



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**Water & Sewer Fund  
Community Facilities & Services Fund**

**Eligible Costs**

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



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**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



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**Water/Sewer Fund**



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**Water and Sewer Fund**

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**2010 Program**

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

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**Water and Sewer Fund**

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**Funding Cycle**

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

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**Water and Sewer Fund**

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**Application Review Criteria**

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

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## 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

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## 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

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**Community Facilities & Services Fund**

**Projects Funded in 2010**

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



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**Community Facilities & Services Fund**

**Funding Cycle**

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



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**Community Facilities & Services Fund**

**Eligible Activities**

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



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## 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



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### 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

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### Limited Clientele

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

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### Limited Clientele

(continued)

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

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## 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

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## 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

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## 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

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## LMI Surveys

(continued)

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

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## LMI Surveys

(continued)

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

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## 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

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## Sample Survey Form

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

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## Sample Survey Form

(continued)

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

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## Racial and Ethnic Data

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

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Household Racial and Ethnic Information		
Race/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		

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### Survey Tabulation

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

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### LMI Verification

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

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## 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




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**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 20% 50% 80% and 90% of median income levels for your zip 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 \_\_\_\_\_ of the following number: \_\_\_\_\_

	Income Limits							
	1	2	3	4	5	6	7	8
	person household	person household	person household	person household	person household	person household	person household	or more persons
A	20% of Median Income							
B	50% of Median Income							
C	80% of Median Income							
D	90% of Median Income							

My Household Size is: \_\_\_\_\_

Please check the box below that represents your household income in relation to the 20%, 50%, 80%, and 90% 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)

Below Row A income level (<20%)       Between Row C & D income levels (80%)

Between Row A & B income levels (20%-50%)       Above Row D income level (over LMI)

Between Row B & C income levels (50%-80%)

Household Racial and Ethnic Information		
Racetic/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 (NEWB)</b>		

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## Summary

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




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## 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

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## 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

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## Water and Sewer Fund Application

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## Application Materials Online

[www.iowalifechanging.com/community/cdbg](http://www.iowalifechanging.com/community/cdbg)



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11 - WS - (to be completed by DED)

**CDBG WATER/SEWER FUND APPLICATION**

**APPLICANT INFORMATION**

Applicant: <input type="text"/>	DUNS Number: <input type="text"/>	Population: <input type="text"/>
Chief Elected Official: <input type="text"/>	County: <input type="text"/>	
Address: <input type="text"/>		
Phone #: <input type="text"/>	Fax #: <input type="text"/>	E-mail Address: <input type="text"/>

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.

**Signature:** \_\_\_\_\_

**APPLICATION PREPARER INFORMATION**

Name/Title: <input type="text"/>		
Agency or Organization: <input type="text"/>		
Address: <input type="text"/>		
Phone #: <input type="text"/>	Fax #: <input type="text"/>	E-mail Address: <input type="text"/>

**PROJECT ENGINEER INFORMATION**

Firm Name: <input type="text"/>		
Contact Person Name/Title: <input type="text"/>		
Address: <input type="text"/>		
Phone #: <input type="text"/>	Fax #: <input type="text"/>	E-mail Address: <input type="text"/>

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## Additional Items for 2011 Water/Sewer Applications

- DUNS number

[www.iowalifechanging.com](http://www.iowalifechanging.com)



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**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)
- Civil/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

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CDBG Water/Sewer Fund Application

**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 narrative.

\_\_\_\_\_

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

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8. Project Activity Chart

Activity	CDBG Amount	Local Funds*	TOTAL
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
Administration	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

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

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**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

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**24 CFR Part 85 Chapter 36**

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

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**Federal Requirements**

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- Efficiently and Economically
- Open and free competition

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**Federal Requirements**

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- 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

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**Professional Services Evaluation:**

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**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.

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**Community Facilities and Services Fund Application**

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**Application Materials Online**

[www.iowalifechanging.com/community/cdbg](http://www.iowalifechanging.com/community/cdbg)

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11-CF-000000  
Not to be completed by CDBG

**CDBG COMMUNITY FACILITIES & SERVICES FUND APPLICATION**

**APPLICANT INFORMATION**

Applicant: <input type="text"/>	DUNS Number: <input type="text"/>	Population: <input type="text"/>
Chief Elected Official: <input type="text"/>	County: <input type="text"/>	
Address: <input type="text"/>		
Phone #: <input type="text"/>	Fax #: <input type="text"/>	E-mail Address: <input type="text"/>

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.

Signature:

**APPLICATION PREPARER**

Name/Title: <input type="text"/>		
Agency or Organization: <input type="text"/>		
Address: <input type="text"/>		
Phone #: <input type="text"/>	Fax #: <input type="text"/>	E-mail Address: <input type="text"/>

**SUBRECIPIENT**

Agency or Organization: <input type="text"/>		
Contact Person Name/Title: <input type="text"/>		
Address: <input type="text"/>		
Phone #: <input type="text"/>	Fax #: <input type="text"/>	E-mail Address: <input type="text"/>

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**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>

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**Additional Items for  
2011 Community Facilities**

- DUNS number

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**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 linear feet of storm sewer, etc. Detailed descriptions can be provided in the project narrative.

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

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6. Project Activity Chart

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
1. Local Funds Source(s) and type:	\$ _____	_____	_____
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)

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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

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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>	_____	_____

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## 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

[www.iowa.gov](http://www.iowa.gov)

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## Iowa Green Streets Criteria

Available on IDED's Website:  
[www.iowalifechanging.com/community](http://www.iowalifechanging.com/community)

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## Iowa Green Streets Criteria

Sustainability & Smart Growth  
Principals  
Integrated Design Process

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## 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



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## 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.



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## 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



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## Iowa Green Streets Criteria

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



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## 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



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*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/downloads/green-criteria08-checklist.xls](http://www.iowalifechanging.com/community/downloads/green-criteria08-checklist.xls)

**Green Development Plan**

Developer Name: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Address (Street/City/State): \_\_\_\_\_

**Description of Project**

A description of the project that includes the green building strategies, systems and features that will be incorporated into the project (500 word maximum)

**Project Team Members**

A listing of all team members who participated in the integrated design process. Please include name, title/organization, telephone

**Goals**

The purpose of the green development guide of the project and the expected measured outcomes from achieving these goals

Iowa Green Streets Criteria v. 1.0 – August 2008 Page 70 of 85

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## Iowa Green Streets Criteria

**Contact:**  
**Jeff Geerts**  
**Special Projects Coordinator**  
**Phone 515.725.3069**  
**Email: [jeff.geerts@iowa.gov](mailto:jeff.geerts@iowa.gov)**



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## Questions



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## CDBG Program Contacts

**Leslie Leager, Team Leader**  
**515.725.3071**  
**[leslie.leager@iowa.gov](mailto:leslie.leager@iowa.gov)**

**Dan Narber, Project Manager**  
**515.725.3072**  
**[dan.narber@iowa.gov](mailto:dan.narber@iowa.gov)**

**Benton Quade, Project Manager**  
**515.725.3073**  
**[benton.quade@iowa.gov](mailto:benton.quade@iowa.gov)**



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**2011 CDBG Housing Fund**

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**Application Workshop**

All applications due by 4:30 P.M.  
December 8, 2010 at  
**IDED**  
200 E. Grand Avenue  
Des Moines, IA 50309

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**Iowa Department  
of Economic Development**

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- Darlene Brinkman
- Donna Grgurich
- Julie Lunn

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**Purpose**

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

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### CDBG Requirements

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



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### Application Considerations

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



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### 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



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### 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.



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### 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



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### 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"



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## 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**”

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## 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**”

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## EPA Legislation

- Administered by the IDPH  
[www.idph.state.ia.us](http://www.idph.state.ia.us)
  - > Programs
  - > Lead poisoning prevention  
(800) 972-2026



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## Housing Fund Requirements

### Environmental

Benton Quade  
Office Telephone (515) 725-3073  
[benton.quade@iowalifechanging.com](mailto:benton.quade@iowalifechanging.com)



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## 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.



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**Procurement**

Julie Lunn  
Office Phone: (515)725-3082  
julie.Lunn@iowa.gov

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**Procurement and Contracting**

Federal procurement standards  
24 CFR; Part 85.36

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**Procurement and Contracting**

**Procurement Standards:**

- Applicable to local governments

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## Procurement and Contracting

### Contracting

- Several "Cautions"
- Do Not disqualify your proposal



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## 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



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## Attachment Review

Donna Grgurich  
Office Phone Number (515) 725-3066  
donna.grgurich@iowa.gov



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### 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.



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### Conduct A Public Hearing:

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



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### Community Development and Housing Needs Assessment

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



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**Planning for Audit Costs**

Audit related costs should be included in your application budget

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**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

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## Application

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

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**Iowa Department of Economic Development**

***For More Information or Assistance:***

**Email Address:** [housing@iowalifechanging.com](mailto:housing@iowalifechanging.com)

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

**Phone:** (515) 725-3062

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



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