

SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Applicant Information

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip _____

Authorized Individual Name _____ Title _____

Contact Name _____ Title _____

Phone _____ Fax _____

E-Mail _____ FEIN # _____

DUNS # _____ CCR# _____

Did a consultant prepare this application? Yes No

If yes, provide the following:

Consultant Name _____ Phone # _____

Company (if applicable) _____

Address _____ City _____

E-Mail _____

Small Cities Grant Request: \$ _____ Total Project Cost: \$ _____

Amount Leveraged by Town: \$ _____ (cash, not in-kind)

Project Name _____

Project Address _____

Census Tract _____ Block Group _____

Congressional District _____

Senate District _____

House District _____

Citizen Participation

Develop a Citizen Participation Plan and submit it with the application as an exhibit. In addition to the plan, the community will need to describe its public hearing process.

Is the Citizen Participation Plan attached? ___Yes ___No

Are the Public Hearing Notices and Affidavit of Publication attached? ___Yes ___No

Is a copy of the public hearing minutes attached? ___Yes ___No

Is a copy of the Town Council or Board of Selectmen meeting minutes attached? ___Yes ___No

Is this a multi-jurisdictional application? ___Yes ___No

List names of other communities participating:

1. Project Information

1.1 Eligible Activity

- Housing Rehabilitation Community Facilities Economic Development
- Streets and/or Sidewalks Other, Specify _____

1.2 Project Type

- Community Facility Public Service Economic Development
- Housing Planning

1.3 National Objective

- ___Low and Moderate income benefit
- ___Slum and Blight – prevent or eliminate
- ___Urgent Need - (must meet the 4 very specific criteria)

% of Funds benefiting low/mod income persons: _____ %

1.4 Accomplishments

Enter the proposed accomplishments for this activity according to only one (1) of the following unit types. Contact your DOH representative (if necessary) to determine the correct unit type for this activity.

Unit Type	# of Units	Unit Type	# of Units
People	_____	Housing Units	_____
Households	_____	Jobs	_____
Businesses	_____	Organizations	_____

1.5 Performance Measures

Select the one objective that best describes the purpose of the activity. Then select the outcome category that best reflects what the municipality is trying to achieve.

1.5 a Objectives:

Suitable Living Environment __
 Decent Housing __
 Creating Economic Opportunities __

1.5.b Outcomes:

Availability/Accessibility __
 Affordability __
 Sustainability __

1.5.c Common Indicators - (Measures Results)

Amount of funds leveraged \$ _____
 Number of households, businesses, or units assisted _____
 Income levels of persons or households served:
 <30% _____ >30% and <50% _____ >50% and <80% _____

1.5.d Racial Classification - See chart below

Racial Classification	Owner		Renter		Total	
	All	Hisp	All	Hisp	All	Hisp
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						
Totals:						

1.5.e Number of Female-Headed Households. _____

1.6 Acquisition

Does the proposed project require the applicant to acquire property? _____

Does the town have title to the property? _____

If the town does not have title, is there an option to purchase the property?

___ Yes (if yes include date) _____ No

1.7 Relocation Plan

If you are planning a project that has relocation as a part of the project, has the General Information Notices (GIN) been sent out? ___ Yes ___ No ___ N/A

(Provide copy)

Tenant Relocation

Please check all that apply.

Tenants will be permanently relocated _____

Tenants will be temporarily relocated _____

No Tenant relocation _____

1.8 Project Narrative

Attach a project description of 500 words or less as Exhibit (refer to Handbook)

1.9 Program Benefit Data for Area Benefit Activities

Enter the following data for the Service Area that meets the low- and moderate-income national objective by benefiting all of the residents of a particular Service Area where at least fifty-one percent (51%) of the residents are low- and moderate-income persons.

- a. If a survey was used to establish the percentage of low- and moderate-income persons in the service area, list that percentage here: _____%

Include the survey methodology as part of the application – NOTE: All surveys must be approved by DOH prior to the start of the survey to ensure that the methodology is sound.

- b. If Census Data was used to establish the percentage of low- and moderate-income persons in the Service Area, report the percentage and Census data as follows:

- If the service area covers **all** of the Block Groups in a Census Tract, list **only** the Census Tract number (do **not** list the Block Group numbers). Provide data for **all** of the persons who reside in the Census Tract; or,
- If the service area covers only **some** of the Block Groups in a Census Tract, list each of the Block Group numbers on a separate line with the Census Tract number. Provide data for **only** the persons who reside in each of the Block Groups.
- Define the service area boundaries (attach a map).

Census Tract Number	Block Group Number	Total Persons in Census Tract or Block Group	Total Low and Moderate Income Persons

Totals:

(A)

(B)

Divide (B) by (A) and enter the percentage here: _____%

1.9.1 Is the Project consistent with the latest State Conservation and Development Policies Plan (C&D Plan)?
 Yes No

Provide a brief explanation of project's consistency with the C&D Plan text and map which category of development/conservation and nature of Project. (do not include the entire State C&D Plan).

2. Project Need

2.1 Document the need for this project and attach as Exhibit 2.1

2.2 Past Funding

Has the project/building/site been funded in the last 5 years with CDBG funds?

___ Yes ___ No

3. Applicant Capacity

3.1 Key personnel

Identify key personnel, including CEO, Town staff, consultants, etc., who will be involved in the proposed project. Attach as **Exhibit (Form 3.1 provided)**. Resumes or narratives can be used. The town is ultimately responsible for all aspects of the project and will be the first point of contact.

3.2 Identify all community development projects undertaken by the municipality and funded from sources other than a Small Cities Block Grant

Activity	Date Initiated	Date Planned for Completion	Date Completed	Original Budget	Final Budget

3.3 Identify the spending status of every Small Cities grant that has not received a close-out certificate – applicants cannot have more than 3 grants

Spending Verification Form for Small Cities

Grant Year _____ Total Grant _____
Amount Expended to date _____ Percent Expended _____

2013 grants must be 10% expended

Grant Year _____ Total Grant _____
Amount Expended to date _____ Percent Expended _____

Closed, not monitored _____ Closed and monitored _____

2012 grants must be 50% expended Number of Budget Extensions Approved _____

Grant Year _____ Total Grant _____
Amount Expended to date _____ Percent Expended _____

Closed, not monitored _____ Closed and monitored _____

2011 grants must be 100% expended Number of Budget Extensions Approved _____

3.4 Sub-recipient - Identify any subrecipient that will be involved in the proposed project:

Subrecipient Name: _____
Address: _____
City: _____ Zip Code: _____
Contact/Title: _____
Telephone: _____ Fax Number: _____

Submit the subrecipient agreement between the town and the sub-recipient that will administer any portion of the proposed project. (If the agreement is not available at the time of application, it must be executed and a copy returned to DOH along with the Assistance Agreement – if the grant is awarded.)

3.5 Identify the 4 most recent projects similar to the proposed project that the grantee and/or sub-recipient has either brought to completion or assisted in bringing to completion.

Project	Date Initiated	Date Planned for Completion	Date Completed	Original Budget End Date	Final Budget End Date

3.6 Compliance with Project Requirements

Indicate for any of the projects noted in 3.5, instances of either audit or monitoring findings and the status of those findings.

Grantee/Sub-Recipient	Project Name	Funding Source	Finding	Status

3.7 Litigation/Compliance/Citizen Complaints

Is either the applicant or subrecipient entity facing any litigation, citizen complaint, and/or audit finding related to housing, economic development, community development activities, Fair Housing & EEOC, or Armstrong-Walker Act violations? YES NO

If yes, indicate the nature and status of the litigation, citizen complaint, and/or audit finding. Attach as **Exhibit 3.7**.

4. Project Feasibility and Merit, Sources and Uses of Funds, Environmental, Technical, Sustainable Features and Design

4.1 Sources and Uses

In a brief description, identify all potential sources of financing for this project in order of lien position. Explain if the grantee and/or subrecipient has applied for any other sources of funding; and if not, why not? Also, complete Exhibits 4.1.0 and 4.1.1 (forms provided) and attach commitment letter(s).

4.1a Operating Funds and Rental Subsidies

In a brief description identify all sources of operating funds and rental subsidies for this project. Also complete Exhibit 4.1a (form provided) and attach commitment letter(s).

4.1b Financial or Programmatic Link with Social Service Providers

In a brief description identify any links that will be formalized with social service providers. Also complete Exhibit 4.1b (form provided) and attach commitment letter(s).

4.2 Program Income on Hand

Prepare and attach as Exhibit. (see below)

The purpose of this report is to determine the actual amount of program income on hand. In the first column list the source(s) of program income by grant year. In subsequent columns list the amount earned to date, the amount expended to date, and the amount of program income on hand. This information must be given separately for each grant. The information supplied should be accurate as of the date that the application is due/submitted to DOH.

Program Income Format (Exhibit 4.2)

Source(s) of Program Income	Amount of P.I. Earned to Date	Amount of P.I. Expended to Date	Amount of P.I. on Hand
<i>Activity: SC-96 (example)</i>	<i>75,000</i>	<i>61,000</i>	<i>14,000</i>

4.3 Multi-Unit Housing Projects (Exhibit 4.3)

For all multi-units (three or more units) housing projects that are managed by a non-profit or for-profit organization, please provide a copy of the most recent audited financial report or the financial statements on a compilation basis.

4.4 Site and Building Report (form provided)

Submit form and all requested supporting documentation indicated in the Site and Building Report. The latest Capital Needs Assessment Report may be substituted if it covers all of the areas indicated in the Site & Building Report and was completed no more than one (1) year prior to the application submission date.

4.4.A. Infrastructure: Roads, Streets, Utilities, Walks, Parks, Landscaping

Complete this section if your project is civil engineering, non-building/structure related not applicable for a Site & Building Report

1. Is any Environmental Remediation needed? Y N
2. Is the property adjacent to properties with environmental risks? Y N
3. How old is the road, street, walk, etc.? <5yrs 5-10yrs >10 N/A
4. When were the last repairs, improvements, or replacement work for the proposed site? <5yrs 5-10yrs >10yrs N/A
5. Unusual Site Conditions: Check all that apply. **Submit supporting data** (map etc.) for each item checked. Attach as 4.4EM
 Sediment/Soil Erosion Easements
 Wetlands
 Rock
6. **Submit a FEMA Flood Insurance Rate Map.** All maps must be at a scale to clearly identify the project area and surrounding neighborhood(s). Attach as 4.4FEMA
7. **Submit Photographs.** A minimum of six (6) existing conditions (if applicable). Attach as 4.4XPICS.

4.4.B. Hazardous Materials Notifications & Requirements

Are your buildings occupied? Y N

Do hazardous materials exist in and or around the building(s)? Y N

If **yes to both of the above**, please attach as **Exhibit 4.4.B** all notification materials and documents that have or will be issued to residents.

4.4.C. Utilities Expansion (not applicable for Façade, Rehab Programs or ADA Projects)

Expansion of existing public utilities (water, sewer, etc.) has been found to lead to unplanned development pressures on adjacent land. Does the project include a proposal to expand existing public utilities (e.g. Main sewer line or Main water line)? Y N

4.4D. Coordination/Approvals/Clearances/Readiness to Proceed –
 Check (√) each required approval or permit that will need to be obtained for your activity.

I. Approvals/Clearances:

- Historic _____
- Zoning _____
- Planning _____
- Wetlands _____
- CHFA / LHA housing _____
- Easement _____
- Right of Ways (Utilities) _____
- Dept. of Environmental Protection _____
- Flood Management Certification _____
- Dept. of Public Health _____
- Dept. of Transportation _____
- HUD _____
- Other _____

II. Permits

- Local _____
- State _____
- Other _____

III. For approvals/permits/clearances checked, please indicate date of approval or date of anticipated approval. Please submit/attach documentation for verification as Exhibit 4.4D.III.

4.5 Construction Documents

Please √ check all that apply.

A. Drawings Completion Level - Submit drawings as Exhibit 4.5A.

None _____ Schematic _____ Design Development _____
 Construction/Final _____

B. Specifications Completion Level - Submit specifications as Exhibit 4.5B.

None _____ Outline _____ Developmental _____ Final/Bid/Contract
 Package _____

C. Time needed for Completion of Drawings & Specifications (Final Bid Set)

0 mos _____ 1-3 mos _____ 3-6 mos _____ >6 mos _____

D. Length of Construction Period:

< 6 mos. _____ 6–9 mos. _____ 9–12 mos. _____ 12–15 mos _____ 15–18 mos _____
 >18 mos. _____

E. Estimated Time for Non-Local Building Permits, Approvals, Clearances

<1 mos _____ 1-3 mos _____ 3-6 mos _____ >6 mos _____

F. Construction Cost Estimate -

Please see Application Exhibits for Form and Submit as **Exhibit 4.5F.**

G. Construction Procurement Plan - Submit as Exhibit 4.5G.

Please attach a narrative description of the process that will be used for the selection of the (construction professionals) contractor, project manager or technical specialist etc.

H. Construction Drawings & Specifications Compliance Certification

Please see Application Exhibits for Form and submit as **Exhibit 4.5H.**

I. Not Applicable

J. Project Development Budget

Please see Application Exhibits for Form and submit as Exhibit 4.5J

4.6 Programs: Residential Rehabilitation & Façade Improvements

The submission requirements for programs are narrative descriptions and forms which address the project management processes used in the construction administration/implementation of the Program. Each of the processes and factors A – G must be addressed.

A. Procurement Process:

Narrative

Submit copy of the town's procurement policy as Exhibit 4.6A

B. Building/Site Evaluation Process:

Narrative

Initial Inspection Form Exhibit 4.6B.

C. Hazardous Material Notification Process:

Narrative

Standard hazardous material notification letter/document Exhibit 4.6C

D. Construction Monitoring Process:

Narrative

Progress Inspection Form Exhibit 4.6D

E. Approval/Permitting Process:

Narrative

F. Typical Project Schedule

Steps for a typical project once an applicant has been selected/notified.

G. 75% replacement value threshold

H. Rehabilitation Standards/Asbestos/Lead Compliance Certification
Certification Form Provided Exhibit 4.6H

I. Not Applicable

J. Program Development Budget & Cost Estimating Form

Form Provided for Program Development Budget Exhibit 4.6J
Submit the cost estimating form that you use for your projects
Attach as Exhibit 4.6J-1
(Signature line for cost estimator must be included on the form)

K. Pre-Construction

Submit the Pre-Construction Meeting Form that you use for your projects.
(Signatures lines for owner, contractor and municipality representative
(project manager) must be included on the form.) Attach as Exhibit 4.6K

L. Walk-Away Policy

Submit a copy of your residential rehabilitation program walk away
policy. Attach as Exhibit 4.6L

4.7 Sustainable Features and Design

For all Projects, list the features and products you intend to use from categories a-e
below that qualify as a sustainable/green standard.

The total score will be determined by the items you specify for each category (a-e).

***Infrastructure Projects d and e only.**

- a. Energy Star Design Features and Products. Attach as 4.7a
- b. Alternative Energy Sources. Attach as 4.7b
- c. Water conservation measures. Attach as 4.7c
- d. ***Good Storm-Water Management Techniques.** Attach as 4.7d
- e. ***Other sustainable/green feature products relevant to project:** Attach as 4.7e

Make sure that the features and products are ultimately included in your construction
specifications document (**Exhibit 4.5**). Include the construction specifications
document page number for the feature or product listed in **Exhibit 4.7**.

OR

If you have proof of LEED or equivalent green building/planning
registration/certification (minimum of silver certification), provide it for maximum
points in this category and omit a-e. Submit as **Exhibit 4.7**.

Proof of LEED (or equivalent) silver certification

___Y ___N

5. Community Impact

5.1a Community Impact Map

This map should highlight major housing patterns, transportation, relevant services, significant community facilities, and the locations of substantial public and private investment as well as any other features relevant to demonstrating community impact. (Attach as Exhibit 5.1a)

5.1b Map Narrative

Highlight important features represented on the map and address the points listed in the Handbook. (Attach as Exhibit 5.1b)

5.1c Census Tract Data (Attach as Exhibit 5.1c)

5.1d Does the community have an approved Community Revitalization Strategy (CRS)? (For more detail, refer to DOH’s current approved Action Plan)

YES NO

Is this application activity part of the community’s CRS? YES NO

5.2 Community Support

Are there letters of support from any of those who provide or represent those who provide and receive services in the project area? List and attach letters as Exhibit 5.2.

Name of Group/Organization	Contact Person
_____	_____
_____	_____
_____	_____
_____	_____

5.3 Answer only if this is a housing project

Housing Activities:

- a. Any displacement anticipated ___Yes ___No
- b. 1 for 1 Replacement ___Yes ___No
- c. If this is a first time home ownership program, will a training program be required?
 YES NO

Number of Hours: _____

Description: _____

Note: DOH recommends that each first-time homeowner attend an 8-hour homebuyer training course through existing non-profit trainers.

5.4 Affordability of Rental and Homeowner Rehabilitation

Provide sample landlord-tenant agreement indicating the 5 year minimum Fair Market Rents (FMR) affordability period. Each completed residential rehabilitation project file must have a signed copy of the landlord-tenant agreement (if applicable).

Method of Affordability

- Deed Restriction
- Ground Lease
- Land Trust
- Restrictive Covenant
- Other (specify)

Note: DOH requires using the following affordability and use restrictions:

Up to \$5,000 per unit	5 years
5,001-25,000 per unit	10 years
Over \$25,001 per unit	15 years

5.5 Resident Participation

How does this project promote resident participation? If a housing authority activity, does it have a Resident Participation Plan?

Explain briefly and include Plan, if applicable:

6. Fair Housing and Equal Opportunity

6.1 & 6.2 For All Applicants

6.1 Fair Housing Action Plan

Provide a copy of the municipality's Fair Housing Action Plan that was developed or updated within the last three years and is consistent with the requirements of the "Fair Housing Action Plan Guidelines and Implementation Steps to Address Impediments Identified at the Local Level" dated January 6, 2014 which can be found in Exhibit 6.1 "Fair Housing Action Plan and Resources". The Fair Housing Action Plan must mirror the form included in Exhibit 6.1 and must include the "Fair Housing Action Plan - Calculation Forms". The Fair Housing Action Plan must be signed and dated by the current administrator of the municipality. **No points will be awarded without both the Fair Housing Action Plan on the correct form and the "Income Needed for Housing" calculation forms.**

6.2 Section 3 Plan

Provide a copy of the municipality's Section 3 Plan for this grant that is signed and dated by the current administrator of the town or municipality. For the form to be deemed complete, you must include **locally written** procedures to carry out good faith efforts to attract Section 3 residents and contractors.

6.3 – 6.5 Complete If Past Grantee Only

6.3 Local Fair Housing Action Steps

Identify any Local Fair Housing Action Steps that have been completed or are in the process of being completed within the last 3 years. **(See Instructions for definition of "in process")**. Your description should identify all activities and tasks that have been performed and by whom. Include the person's name and official position in the implementation of each action step. Complete a Fair Housing Action Plan Schedule form and attach as Exhibit 6.3. **Attach documentation to verify the action steps taken or in process. No points will be awarded unless the action step number is listed on each piece of documentation that verifies the particular action step for which you are trying to receive credit.**

6.4 Past Performance – Section 3

Document the number of opportunities awarded to Section 3 contractors or residents over the past 3 years that comply with training, employment and contracting provisions of Section 3 of the Housing and Urban Development Act of 1968, as amended. The chart for Goals should reflect the municipality’s active Section 3 Plan. The Accomplishments of those Goals must be reflected in the chart for Accomplishments. Provide supporting documentation of your Accomplishments.

Goals:

YEAR	# of Proposed Contracts	Dollar Amount	Training/Hiring

Accomplishments:

YEAR	# of Actual Contracts	Dollar Amount	Training/Hiring

6.5 Section 3 – Good Faith Efforts

Indicate the municipality’s good faith efforts to comply with Section 3. Check all that apply and supply supporting documentation for each:

- Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contacts with community development programs, to the greatest extent feasible, toward low and very low-income persons, particularly those who are recipients of government assistance for housing
- Participated in a HUD program or other program, which promotes the training or employment of Section 3 residents
- Participated in a HUD program or other program, which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns
- Coordinated with Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located
- Others _____

6.6 Past Performance-Set-Aside

Enter the number of contractor and subcontractor awards made to certified small, minority and women’s business enterprises over the past 3 years, as required by 24 CFR Section 85.36(e) and Section 4a-60g of the Connecticut General Statutes.

YEAR	# of Contracts	MBE	SBE	WBE	Dollar Amount

For the contracts and subcontracts awarded to small businesses and minority- and women-owned businesses which you have claimed to have utilized above, provide supporting documentation to verify that the firms were (1) actually used and (2) were certified.

Indicate the municipality’s good faith efforts to comply. Check all that apply:

- Attempted to recruit small and minority firms and women’s business enterprise through: local advertising media, signs prominently displayed at the project site, and contacts with community development programs.
- Contacted the Department of Administrative Services, Office of Supplier Diversity, who maintains a list of certified small and minority business enterprises, which is available online.
- Create and maintain solicitation list and uses list to contact potential contractors.
- Other _____

6.7 – 6.10 Complete If New Grantee Only

6.7 New Grantee

Is the municipality a new CDBG Small Cities grantee? A new grantee is defined as a municipality who has not **received** a Small Cities grant over the past 3 consecutive years.

- YES NO

6.8 Past Fair Housing Initiatives – complete only if new grantee

Identify projects, initiatives, and/or actions that the municipality has taken or are in progress (**See Instructions for definition of “in progress”**) in the past 3 years to

promote the principles of fair housing. Your description should identify all activities and tasks that have been performed and by whom (include the person's name and official position) in the implementation of each action step. Complete a Fair Housing Action Plan Schedule form and include documentation to verify the action steps taken or in progress.

6.9 Section 504/ADA Notices – complete only if new grantee

1. Submit a copy of the Municipality's Section 504/ADA Notice established to meet the requirements of Title II of the Americans' With Disabilities Act of 1990. Please provide a copy that is signed and dated by the current administrator of the town or municipality and attach as Exhibit 6.9-1.
2. Submit a copy of the Municipality's Section 504/ADA Grievance Procedure established to meet the requirements of Title II of the Americans' with Disabilities Act of 1990. Please provide a copy on the town's letterhead that is signed and dated by the current administrator of the town or municipality.

6.10 Section 504/ADA Self-Evaluation and Transition Plan – complete only if new grantee

1. Has the municipality completed or updated a Section 504/ADA Self Evaluation for all of its facilities within the past 3 years?

YES NO

If yes, provide a signed and dated copy.

2. Has the municipality completed or updated a Section 504/ADA Self Evaluation for all of its rules, policies and programs within the past 3 years?

YES NO

If yes, provide a signed and dated copy.

3. Has the municipality completed or updated a Section 504/ADA Transition Plan for its facilities and its programs within the past 3 years?

YES NO

If yes, provide a signed and dated copy.

7 Consistency with Connecticut's Consolidated Plan

The State of Connecticut 2010-2015 Consolidated Plan for Housing and Community Development assesses and identifies areas of need within the state and 12 goals set by the state to address those needs. Please refer to the Needs Assessment and the Goals, Objectives, Priorities and Measures sections of the 2010-2015 Consolidated Plan when completing the following section. ** The 2010-2015 Consolidated Plan can be found on DOH's website at <http://www.ct.gov/doh/cwp/view.asp?a=4513&q=530462>.

Need Addressed:

Goal Addressed:

Goal Sub-Category Addressed:

Objective Addressed:

Targeted Population Addressed:

Geographic Target Addressed:

Describe how the program/project is consistent with the State's Consolidated Plan:

8. DOH Training

List the DOH training(s) attended by municipal staff that will work on the proposed project within the past year.

Name of town staff member _____

Title _____

Training(s) Attended _____
