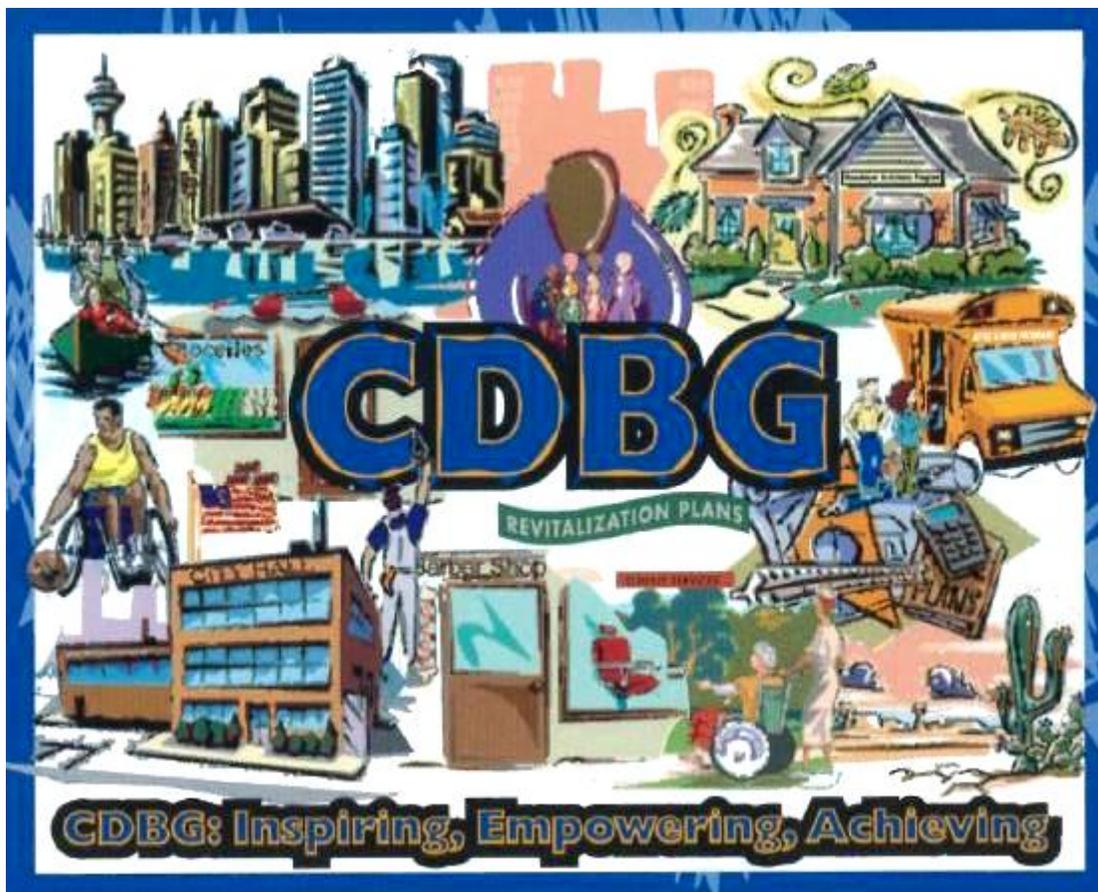


Small Cities CDBG Application Exhibits

**Small Cities Community  
Development Block Grant  
2016 Application**



Governor Dannel P. Malloy

Evonne Klein  
Commissioner

Exhibit 2.1

Waiting List – Provide the name, address, size of household, and income level of each applicant on the Town’s waiting list for the proposed activity.

Name	Address	Size of Household	Household Income Level ( $\leq 30\%$ , $\leq 50\%$ , $\leq 80\%$ AMI) & Amount

**The following documents are collected for each member of each household at time of application intake: (check all that apply)**

- The most recent tax returns (Form 1040)
- Four (4) most recent pay stubs
- Social Security benefit statements
- Pension benefit statements
- Unemployment compensation statements
- Child support documentation
- Alimony documentation
- Four (4) most recent bank statements
- Other: \_\_\_\_\_

I, the undersigned, hereby acknowledge that the information provided here is true and accurate. The documents checked off above have been collected and are available to the State for review.

\_\_\_\_\_  
Signature of Authorized Official of Grantee

\_\_\_\_\_  
Date

\_\_\_\_\_  
(TYPE or PRINT) Name and Title

**Exhibit 3.1**

**Key Project Personnel - Identify all key personnel, including applicant staff, consultants, and sub-grantee personnel who will be involved in the proposed project.**

Name	Organization	Project Role	Qualifications

**Exhibit 4.1.0**

**Project Financing - Identify all potential sources of financing in order of lien position.**

Source of Funds By Agency	Date of Application/Commitment	Date of Commitment: Indicate FC/CC/NC/AP	Amount of Funds	Type of Funds (i.e. grant/loan)	Rate and Terms of Funding (if applicable)	Annual Debt Service	Name & Phone # of Contact Person
<b>Total Cost</b>							

**Definitions**

**Firm Commitment (FC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, without condition.

**Conditional Commitment (CC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, with conditions.

**No Commitment (NC)** There is no documentation from another funding source identified by the applicant.

**Application Pending (AP)** Attach a letter or other written documentation from the funding source(s) indicating that they have received information/application for the specific project.

**Exhibit 4.1.1**

**Use of Project Funds**

	<u>Non-Small Cities Funds</u>		<u>Small Cities Funds</u>		<u>Estimate Hard Costs</u>	<u>Soft Costs as % of Total Cost</u>
	<u>Cash</u>	<u>In-Kind</u>	<u>Grant</u>	<u>Total</u>		
	\$	\$	\$	\$	\$	
<b>Infrastructure</b>						
<b>Community Facilities &amp; Improvements</b>						
<b>Removal of Arch. Barriers</b>						
<b>Public/Social Services</b>						
<b>Relocation</b>						
<b>Rehab., Preservation &amp; Housing Activities</b>						
<b>Economic Development</b>						
<b>Planning</b>						
<b>General Administration</b>	\$	\$	\$	\$	\$	
<b>Financial Reviews</b>			\$	\$	\$	
<b>Total Program Activity Costs</b>	\$	\$	\$	\$	\$	

**Exhibit 4.1a.**

**Operating Funds and Rental Subsidies**

Source of Funds By Agency	Date of your Application	Date of Commitment:	Type of Commitment: Indicate FC/CC/NC/AP	Amount of Funds	Contract Period	Name & Phone # of Contact Person

**Definitions**

**Firm Commitment (FC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, without condition.

**Conditional Commitment (CC)** Attach a letter or written documentation from the funding source(s) committing the funds to the specific project, with conditions.

**No Commitment (NC)** There is no documentation from another funding source identified by the applicant.

**Application Pending (AP)** Attach a letter or other written documentation from the funding source(s) indicating that they have received information/application for the specific project.

**Exhibit 4.1b.**

**Financial or Programmatic Link with Social Service Providers**

Provider Agency	Date of your Application	Date of Provider's Letter/ Commitment	Type of Commitment: Indicate FC/CC/NC/AP	Name & Phone # of Contact Person

**Definitions**

- Firm Commitment (FC)** Attach a letter or written documentation from the provider or funding source(s) committing the funds or services to the specific project, without condition.
- Conditional Commitment (CC)** Attach a letter or written documentation from the provider or funding source(s) committing the funds or services to the specific project, with conditions.
- No Commitment (NC)** There is no documentation from another funding source identified by the applicant.
- Application Pending (AP)** Attach a letter or other written documentation from the provider or funding source(s) indicating that they have received information/application for the specific project.

**Project Time Table**

**Small Cities CDBG  
Project Schedule**

1. Applicant Name: \_\_\_\_\_

3. Program Year: \_\_\_\_\_

2. Project Name: \_\_\_\_\_

4. Grant # (if awarded): \_\_\_\_\_

Activity	Total Budgeted \$ Amount		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	5th Qtr	6th Qtr	7th Qtr	8th Qtr
Construct/ Activity Costs		Projected Expenditure								
Project Soft Costs		Projected Expenditure								
Admin.		Projected Expenditure								
Total Costs		Projected Expenditure								

Note: The \$ amounts listed under quarters 1-8 should reflect the cumulative totals for the line item.

**If approved, the schedule will become an Appendix to the Assistance Agreement. You will be monitored for compliance with these dates. Therefore, you must estimate the dates as wisely as possible.**

Please provide projected dates of completion for the following. Be advised that these dates will be considered part of your project schedule.

Project Design and Specifications Completed: \_\_\_\_\_

Construction Bid Opening Date: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_

Development Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

**SECTION 1 - GENERAL INFORMATION**

Site Name (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Proposed Activity: \_\_\_\_\_

**SECTION 2 - PROPERTY INFORMATION**

Present Owner: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fein No #: \_\_\_\_\_ SSN (if individual): \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Lessee: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fein No #: \_\_\_\_\_ SSN (if individual): \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Option Holder: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fein No#: \_\_\_\_\_ SSN (if individual): \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acreage: \_\_\_\_\_ Shape: \_\_\_\_\_ Dimensions: \_\_\_\_\_ Frontage: \_\_\_\_\_

Size of Open Space: \_\_\_\_\_ Buildable Space Size: \_\_\_\_\_

Easements: \_\_\_\_\_ Liens: \_\_\_\_\_ R.O.W.: \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Required Zoning: \_\_\_\_\_

Assessors Map: \_\_\_\_\_ Section: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot: \_\_\_\_\_

**Submit the following:**

- **Location Map** showing directions to the site from a major highway. Attach as 4.4LM
- **Street Map** ¾ mile radius around site including public & community facilities. 1" = 500" (min.) to 1" = 200' (max.) Attach as 4.4SM
- **Zoning Map:** Evidence of existing Zoning and eligible uses or applicable zoning regulations and ordinances. Attach as 4.4Z (New Construction/addition)

Adjacent Property Use:

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

**SECTION 3 – PROPERTY/SITE ASSESSMENT**

*Check one box for each condition.*

**I. Site Conditions:**

Access:	<input type="checkbox"/> None	<input type="checkbox"/> Minor Road	<input type="checkbox"/> Major Road	<input type="checkbox"/> Highway
Agri/Farm Soils:	<input type="checkbox"/> None	<input type="checkbox"/> Local	<input type="checkbox"/> State	<input type="checkbox"/> PRIME
*Floodplain:	<input type="checkbox"/> None	<input type="checkbox"/> 100 yrs	<input type="checkbox"/> 500yrs	<input type="checkbox"/> Floodway
Wetlands:	<input type="checkbox"/> None	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> >50%
Water Supply:	<input type="checkbox"/> Wtrshed	<input type="checkbox"/> W/in 1K' Well	<input type="checkbox"/> Private	<input type="checkbox"/> Wells
Utilities/Water	<input type="checkbox"/> None	<input type="checkbox"/> Public	<input type="checkbox"/> W/in 200'	<input type="checkbox"/> W/in 500'
Utilities/Sanitary	<input type="checkbox"/> None	<input type="checkbox"/> At Site	<input type="checkbox"/> W/in 200'	<input type="checkbox"/> W/in 500'
Utilities/Storm	<input type="checkbox"/> None	<input type="checkbox"/> At Site	<input type="checkbox"/> W/in 200'	<input type="checkbox"/> W/in 500'
Utilities/ Electric	<input type="checkbox"/> None	<input type="checkbox"/> At Site	<input type="checkbox"/> W/in 200'	<input type="checkbox"/> W/in 500'
Utilities/Gas	<input type="checkbox"/> None	<input type="checkbox"/> At Site	<input type="checkbox"/> W/in 200'	<input type="checkbox"/> W/in 500'

**\*FEMA FIRM** (Flood Insurance Rate Map) The map must be at a scale to clearly identify the project area and surrounding neighborhood(s). Attach as 4.4FEMA

***A Town with a project located in a flood area***, as indicated by the most recent FEMA Flood Insurance Rate Maps, should **contact Nelson Tereso at 860-270-8213** for further assistance. Contact should be made prior to submitting an application to determine which course of action should be taken for Flood Management Certification pursuant to Connecticut General Statute 25-68b.

If your project is in a flood plain/way, has the eval/certification process begun?  Y  N

**II. Unusual Site Conditions:**

- Does the municipality require underground utilities?  Yes  No
- Will the project expand existing public utilities?  
 (e.g. Main sewer line or Main water line?)  Yes  No
- Will road(s) need to be provided for the project?  Yes  No
- If “Yes, will it be a public or private road?  Public  Private
- Ledge or rock outcroppings?  Yes  No

**III. Environmental Site Conditions:**

- Endangered species  Yes  No
- Above/below ground storage tanks  Yes  No
- Soil Contamination  Yes  No
- Toxic Chemicals  Yes  No
- Sediment/Soil erosion  Yes  No
- Water Contamination  Yes  No

**Phase I Environmental Site Assessment**

It is HUD policy that all properties be free of hazardous materials, contamination, toxic chemicals and gases, and radioactive substances, where a hazard could affect the health and safety of occupants or conflict with the intended utilization of the property. In order to satisfy HUD Environmental Standards, a current Environmental Site Assessment must be submitted.

A current Phase I Environmental Site Assessments is not more than one year old.  
 If an Environmental Assessment is 1 – 3 years old, an Environmental Site Assessment Update should be submitted with the 1-3 year old Environmental Site Assessment. A new Phase I Environmental Site Assessment may be required (depending on the property status/type) if the most current one is greater than 3 years old.

If the Phase I Assessment recommends a Phase II Assessment, it must be submitted if completed. Attach copies of each as Exhibit 4.4ESA

All Phase I Environmental Site Assessment must be in accordance with the American Society for Testing and Materials (ASTM) Designation E 1527-05 “Standard Practice for Environment Site Assessments: Phase I Environmental Site Assessment Process.”

**IV. Environmental Building Conditions**, check all that exist **IN or ON** the buildings.

Asbestos       PCP's/PCB's       Lead Paint       Radon  
 Mold       Storage Tanks       Toxic Chemicals (Boilers)       Other

**Hazardous Materials Reports:** (if applicable)

Surveys, inspections, clearance, closure reports, remediation action plans if available must be submitted if completed, especially if they were recommended by the Environmental Site Assessment. Attach as 4.4HAZREPORT.

**Hazardous Materials Notifications & Requirements**

If your buildings are occupied and hazardous materials exist, residents must be notified. Submit all notification materials and documents that will be issued to residents. Attach as 4.4HAZNOT.

**SECTION 4 - BUILDING INFORMATION**

Total number of existing buildings on site:  Age of building(s) on site:

Building Types (check all that apply):

Single Family  Duplex       Twnhse       Multi 3-4 units       Multi >4 units  
 Office       Retail       Municipal       Community

If Other, Describe

Number of stories:  Elevator:  Yes  No Type of Const

**Total square footage of the buildings:**  t.s.f.

Residential:  s.f. Commercial:  s.f. Other:  s.f.

**Are buildings currently occupied?**  Yes  No

If NO, how long has it been vacant? Months/Years:

**Historic Requirements** SHPO must be contacted for work proposed for any building that is greater than 50 years old or located in an historic district.

Are any structures 50 years or older?  Yes  No

Has the federal, state, or local Historical Commission determined that the building has historical significance?  Yes  No

If building is >50 yrs old has SHPO been notified of impending rehab?  Yes  No

If yes, **submit SHPO notification letter** as Exhibit 4.4SHPO-NOTICE

**Submit SHPO response letter** as Exhibit 4.4SHPO-RESP

**SECTION 5 - BUILDING(S) ASSESSMENT**

*Provide age and check one to describe bldg component condition. Provide a chart for each building.*

<b>I. Existing Conditions</b>	<b>Age</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Roof	___	___	___	___
Exterior	___	___	___	___
Interior	___	___	___	___
Windows	___	___	___	___
Mechanical Systems	___	___	___	___
Insulation	___	___	___	___
Electrical Systems	___	___	___	___
Floor	___	___	___	___
Structural Systems	___	___	___	___

**Interior & Exterior Site and Building Photographs.** Submit a minimum of six for both interior and exterior. Attach as 4.4INPICS and 4.4XPICS

A **Capital Needs Assessment (CNA)** is required for all Housing Authority Projects.  
Attach as Exhibit 4.4CNA

**EXHIBIT 4.5H**  
**CDBG CONSTRUCTION DRAWINGS AND SPECIFICATIONS**  
**COMPLIANCE CERTIFICATION**

GRANTEE/TOWN: \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

\_\_\_\_\_  
I, \_\_\_\_\_, to the best of my knowledge, as the primary responsible grantee official do hereby certify that the construction documents (Drawings & Specifications) will be completed by a qualified professional for the above project as described below:

1. The Drawings and or Specifications for the above Project will cover the following scope of work, as indicated by the CDBG Grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The proposed design and construction, will be completed with the Construction Documents, Drawings and Specifications, prepared by a qualified professional for the above project according to the scope of work as:

- a. Permissible under the applicable zoning, building, housing, and other codes, ordinances or regulations, as modified by any waivers obtained from appropriate officials as listed in the attachment,
- b. Complies with federal design and construction requirements and other applicable federal standards, guidelines, criteria and regulations,
- c. Complies with the design and construction requirements of the Fair Housing Amendments Act of 1988, the Americans with Disabilities Act and if applicable, the Minimum Property Standards and/or Housing Quality Standards,

Signed \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Attachments, Waivers, \_\_\_\_\_ Other \_\_\_\_\_

**EXHIBIT 4.7G**  
**CDBG/Small Cities**  
**Residential Rehabilitation Program**  
**75% REPLACEMENT VALUE THRESHOLD**  
**&**  
**WALK-AWAY POLICY**  
**COMPLIANCE CERTIFICATION**

REHAB PROGRAM NAME: \_\_\_\_\_

GRANTEE: \_\_\_\_\_

**The 75% Rule**

The 75% Rule states that the maximum federal dollars for housing rehabilitation cannot exceed 75% of the replacement cost. The 75% Rule for rehabilitation applies to rehabilitation cost only. Therefore, if the replacement cost of a home is \$100,000, the maximum CDBG funds cannot exceed \$75,000. Replacement is determined by identifying the cost of constructing a new housing unit of comparable size (i.e. square footage).

**Walk-Away Policy**

\_\_\_\_\_ Residential Rehabilitation Program will not engage in the rehabilitation (Town Name) of a residence if the initial inspection reveals that the overall work required exceeds allotted costs and or completion of some of the required work without the completion of the overall work required is not feasible and or exacerbates physical, health and safety hazards, and or code issues. We will include the Walk-Away Policy Statement in a document which requires the participants' signature at the Initial Inspection.

I, \_\_\_\_\_, as the responsible grantee do hereby certify that the  
(Print Name)

work performed for \_\_\_\_\_ Residential Rehabilitation Program participants  
(Town Name)

will not exceed 75% replacement value of the participant's residence or violate the Walk-Away Policy.

Signed \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

**EXHIBIT 4.7H**  
**RESIDENTIAL REHABILITATION STANDARDS/ASBESTOS/LEAD**  
**COMPLIANCE CERTIFICATION**

GRANTEE/TOWN: \_\_\_\_\_

PROGRAM NAME: \_\_\_\_\_

I, \_\_\_\_\_, to the best of my knowledge, as the primary responsible grantee official do hereby certify that the Rehabilitation Program Projects will be completed in accordance to CDBG Rehabilitation Standards and all governing applicable codes, regulations and requirements.

The Projects will cover the scope of work, as indicated by the CDBG Grant:

The proposed construction will be completed with the Specifications, required qualified professionals and documents according to the scope of work as:

- a. Permissible under the applicable zoning, building, housing, and other codes, ordinances or regulations, as modified by any waivers obtained from appropriate officials as listed in the attachment,
- b. Complies with federal design and construction requirements and other applicable federal standards, guidelines, criteria and regulations,
- c. Complies with the design and construction requirements of the Fair Housing Amendments Act of 1988, the Americans with Disabilities Act and if applicable, the Minimum Property Standards and/or Housing Quality Standards,

Signed \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Attachments, Waivers, \_\_\_\_\_ Other \_\_\_\_\_