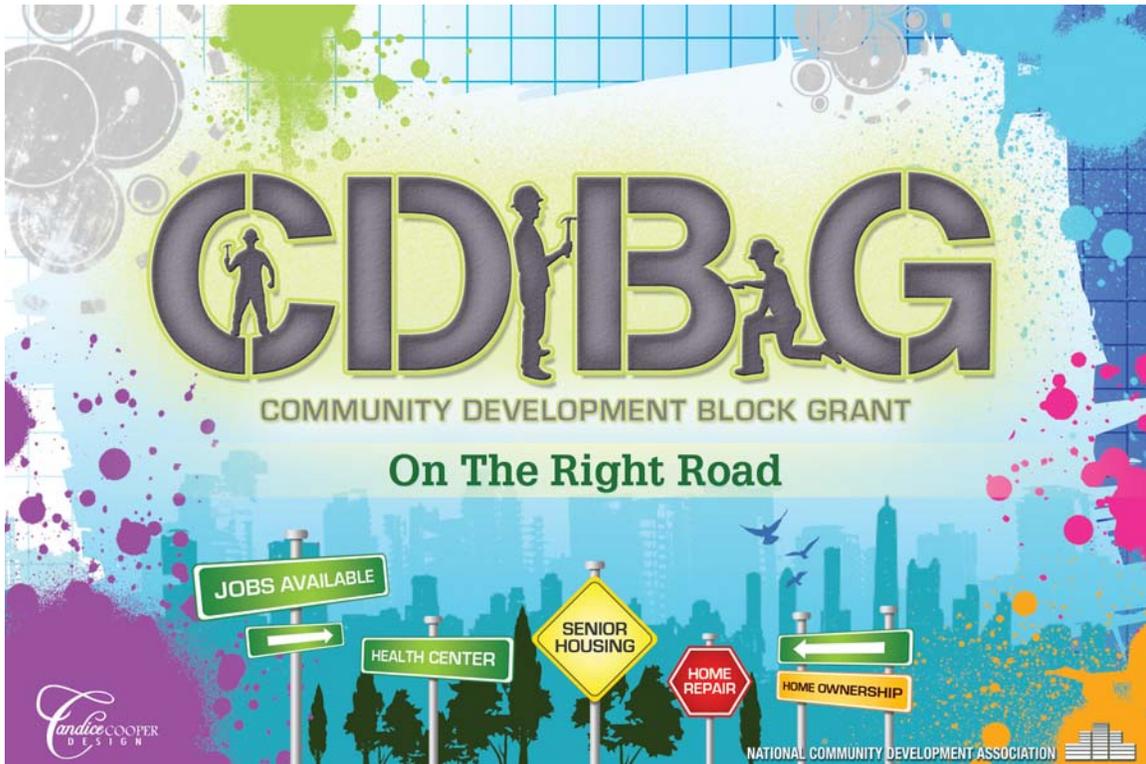


Small Cities Community Development Block Grant 2008 Application



Department of Economic and Community Development

Joan McDonald, Commissioner

Ronald Angelo
Deputy Commissioner

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Executive Director

Office of Municipal Development

SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT
PROGRAM

Applicant Information

Applicant Name _____

Applicant Address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone _____ Fax _____

E-Mail _____ FEIN _____

Did a consultant prepare this application? Yes No
If yes, provide the following:

Consultant Name _____ Phone # _____

Company (if applicable) _____

Address _____ City _____

E-Mail _____

1. Project Information

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

Amount Leveraged by Town \$ _____

Project Name _____

Project Address _____

Census Tract _____ Block Group _____

Congressional District _____

Is this a Multi-jurisdictional application? ___ Yes ___ No

List names of other communities participating:

1.1 Project Type

Community Facility

Public Service

Economic
Development

Housing

Planning

1.2 Accomplishments

Enter the proposed accomplishments for this activity according to only one (1) of the following unit types. Contact your DECD 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	_____

1.3 Performance Measures

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

Objectives:

Suitable Living Environment ___
 Decent Housing ___
 Creating Economic Opportunities ___

Outcomes:

Availability/Accessibility ___
 Affordability ___
 Sustainability ___

Common Indicators - (Measures Results) Complete attached Exhibit #

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

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:						

Number of Female-Headed Households. _____

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 your public hearing process (see instructions).

> Submit an original of each Public Hearing Notice, affidavit of publication, and include a copy of the minutes of the public hearing.

Also attach a copy of the town council or board of selectman meeting minutes in which the project was approved.

1.4 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

1.5 Relocation

If you are planning a project that has relocation as a part of the project, have the General Information Notices (GIN) been sent out? ___Yes ___No ___Not Applicable

Tenant Relocation

Please check ✓ all that apply.

Tenants will be permanently relocated _____

Tenants will be temporarily relocated _____

No Tenant relocation _____

1.6 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: _____ %

1.7 Narrative

Attach a project description of 500 words or less as Exhibit. Cover the following:

- What is the purpose of the project?
- Identify the magnitude and severity of any identified problem, including any past efforts to deal with the problem.
- What is the nature of the project?
- Whom is it designed to benefit?
- What is the impact of the problem on L/M persons?
- To what extent does it benefit the neighborhood, municipality, and region?
- Does this project address issues identified in the local Community Development Plan? (enclose a copy of the plan)

1.8 Program Benefit Data for Area Benefit Activities

Enter the following data for area benefit activities that meet the low- and moderate-income national objective by benefiting all of the residents of a particular 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

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: _____ %

2. Project Need

Document the need for this project and attach as Exhibit

- Present the relevant data.
- Write a brief narrative (250 words or less) that relates the data presented for the project.

Suggested sources of information include: documentation of health and safety issues, demonstrated business need/interest, waiting lists for proposed activity for rehabilitation loans, availability of affordable home ownership housing stock in target area, lack of services, facilities, and /or public utilities etc.

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 funded from sources other than from a Small Cities Block Grant under way by this municipality.

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.

Spending Verification Form for Small Cities

Grant Year _____ Total Grant _____
 Amount Expended to date _____ Percent Expended _____
 2007 grant agreement signed Date: _____

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

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

3.4 Subrecipient

Identify any sub-recipient that will be involved in the proposed project:

Sub-recipient Name: _____
 Address: _____
 City : _____ Zip Code _____
 Contact/Title: _____
 Telephone: _____ Fax Number: _____

Submit the sub-recipient 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 DECD along with the Assistance Agreement – if the grant is awarded.)

3.4a Identify the 4 most recent projects, similar to the proposed project that the sub-recipient has either brought to completion or assisted in bringing to completion.

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

3.4b Litigation

Is either the applicant community or sub-recipient entity facing any litigation and/or audit finding related to housing, economic development, community development activities, Fair Housing & EEOC, and environment ?

YES

NO

If yes, indicate the nature of the litigation, status of that litigation and/or audit finding. Attach as Exhibit 3.4b

3.5 Compliance with Project Requirements

Indicate for any of the projects noted in 3.4a, instances of either audit or monitoring findings and the status of those findings.

Grantee/Sub-Recipient	Project Name	Funding Source	Finding	Status

4. Project Feasibility- Sources and Uses

4.1 Sources and Uses

In a brief description identify all potential sources of financing for this project in order of lien position. Also complete Exhibits 4.1 (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 DECD.

Program Income Format

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 Environmental/Feasibility/Compliance

Please √ if any of the following applies to your project.

I. Unusual Site Conditions:

- Rocks/ledge _____
- Utilities _____
- Woods _____
- Historic Requirements _____
- Other _____

II. Environmental Site Conditions:

- Endangered Species _____
- Flood Plain _____
- Wetlands _____
- Under/Above Ground Storage Tanks _____
- Soil Contamination _____
- Toxic Chemicals _____
- Sediment & Soil Erosion Plan _____
- Water Contamination _____
- Other _____

III. Environmental Bldg. Conditions:

- Asbestos _____
- PCPs/PCBs _____
- Mold _____
- Lead Paint _____
- Storage Tanks _____
- Toxic Chemicals (Boilers) _____
- Other _____

IV. Please complete and attach as Exhibit 4.3: A Site and Building Report (form provided) and all requested documentation indicated in the Site and Building report.

V. Environmental Review Record

It is required that an Environmental Review Record be established for each Small Cities Grant. It is vital that grantees properly categorize each activity.

Which HUD Environmental Review Category does your activity fall under?

- 1) Exempt _____
- 2) Categorically Excluded _____
- 3) Environmental Assessment _____
- 4) Environmental Impact Statement _____

VI. Please attach a copy of your Environmental Review Category Statement of Determination as Exhibit 4.3a.

VII. If you checked 2) Categorically Excluded, you must: complete a Statutory Checklist and submit it as Exhibit 4.3b.

Have you submitted a Request For Release of Funds to DECD? ___Y ___N

VIII. Hazardous Materials Notifications & Requirements

Are your buildings occupied? ___Y ___N

Do hazardous materials exist in and or around the building(s)? ___Y ___N

IX. If yes to both of the above, please attach as Exhibit 4.3c all notification materials and documents that have or will be issued to residents.

4.4 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 _____
- 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 4.4.

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 following. (Attach as Exhibit 5.1b)

- Describe how the project will promote diversity and economic integration.
- Community Development Linkage: Describe how the project is consistent with existing planning or if the project will overcome fair housing impediments identified in existing plans (local, state, regional, other project with area of impact).
- Describe how the project is part of a coordinated approach to community development needs.
- Describe the way this project will be part of a broader community plan.
- Describe how this project will promote community members’ ability to contribute to their own well being and that of their families and community.

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

- Provide the numbers and the percentages of low and moderate income persons in each census tract associated with the project.
- Provide the numbers and the percentages of minorities in each census tract associated with the project.

5.1d Does the community have an approved Community Revitalization Strategy (CRS)? (For more detail, refer to DECD’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

If this is a first time home ownership program, and will a training program be required? YES NO

Number of Hours: _____

Description: _____

5.4 Affordability

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)

How does this project promote resident participation? If a housing authority activity, does it have a resident member of the board?

Explain briefly: _____

6. Fair Housing and Equal Opportunity

6.1 Complete Only If This Is A Housing Project

6.1a Does the project provide a type of housing that is underrepresented in the benefit area?

YES NO

If yes, check all that apply and provide percentage current and anticipated type of housing:

Ownership	<input type="checkbox"/>	current % _____	anticipated % _____
Rental	<input type="checkbox"/>	current % _____	anticipated % _____
Cooperative	<input type="checkbox"/>	current % _____	anticipated % _____
Other _____	<input type="checkbox"/>	current % _____	anticipated % _____
Not Applicable	<input type="checkbox"/>		

6.1b Does the project provide for a household type that is underrepresented in the benefit area?

YES NO

If yes, ✓ check all that apply:

Large Family	<input type="checkbox"/>
Special Needs	<input type="checkbox"/>
Elderly	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

6.1c Based on application question 1.8, does the housing serve income ranges that are underrepresented in the benefit area?

YES NO

If yes, ✓ check all that apply:

0-30% - Extremely Low Income	<input type="checkbox"/>
31-50% - Very Low Income	<input type="checkbox"/>
51-80% - Low-Income	<input type="checkbox"/>
81-100% AMI	<input type="checkbox"/>
Over 100% AMI	<input type="checkbox"/>

6.2 All Applicants Must Complete

6.2a Does the activity promote diversity and economic integration in the municipality?

YES NO

If yes, ✓ check all that apply:

- Providing funding for affordable housing for a group of people protected from discrimination by the state and federal fair housing laws that is under-represented in the municipality
- Providing staffing for a fair housing complaint and enforcement process
- Providing access to the town/city services for a group of people protected from discrimination by the state and federal fair housing laws that is under-represented in the municipality
- Providing transportation services that would allow a group of people protected from discrimination by the state and federal fair housing laws that is under-represented in the municipality to access other city services
- Providing access to housing for a group of people protected from discrimination by the state and federal fair housing laws that is under-represented in the municipality

6.2b Analysis of Impediments (AI) to Fair Housing

Does the proposed activity address any elements of Connecticut's Analysis of impediments to Fair Housing at either the state or local level?

YES NO

If yes, ✓ check all that apply:

- Increasing housing access for protected classes
- Increasing the supply of affordable housing
- Systemic data collection on fair housing issues
- Providing fair housing outreach and education activities
- Monitoring and enforcing the fair housing laws and policies
- Contracting for training of municipal staff assigned to fair housing enforcement and complaint processing
- Contracting for training of any municipal or housing authority staff on the fair housing laws
- Performing outreach to the community on fair housing laws
- Developing the municipality's infrastructure in a way that promotes fair housing compliance
- Develop or encourage local financing of affordable housing for groups under-represented in the neighborhood
- Provide counseling or other services to promote diversity
- Encourage private activity that promotes diversity and economic integration in the region

6.2c Fair Housing Action Plan

Provide a current copy of the municipality's Fair Housing Action Plan that is consistent with the requirements of the "Fair Housing Action Plan Guidelines and Implementation Steps to Address Impediments Identified at the Local Level." Attach as Exhibit 6.2c.

6.2d Section 3 Plan

Provide a current copy of the municipality's Section 3 Plan for this grant. Attach as Exhibit 6.2d.

6.2e Affirmative Action Policy Statement

Provide copy of the municipality's Affirmative Action Policy Statement. Attach as Exhibit 6.2e.

6.2f Affirmative Action Plan

Provide copy of an Affirmative Action Plan. Attach as Exhibit 6.2f.

6.2g ADA/Section 504

1. Submit a copy of the Municipality's ADA Notice established to meet the requirements of the Title II of the Americans with Disabilities Act of 1990. Attach as Exhibit 6.2g-1.

2. Submit a copy of the Municipality's Grievance Procedure established to meet the requirements of the Title II of the Americans with Disabilities Act of 1990. Attach as Exhibit 6.2g-2.

6.2h Section 504/ADA Self-Evaluation

Has the municipality completed or updated a Section 504/ADA Self-Evaluation within the past 3 years?

YES NO

If yes, provide a copy. Attach as Exhibit 6.2h.

6.2i Section 504/ADA Transition Plan

Has the municipality completed or updated a Section 504 Transition Plan within the past 3 years?

YES NO

If yes, provide a copy. Attach as Exhibit 6.2i.

6.2j. Title VI Certification

1. Provide a completed Instructions For Compliance with Title VI of the Civil Rights Act of 1964 and attach as Exhibit 6.2j-1.

2. Submit the municipality's Title VI Certification Policy and attach as 6.2j-2.

6.3 Complete If Past Grantee Only

6.3a Local Fair Housing Steps

Identify any Local Fair Housing Action Steps that have been completed or are in the process of being completed as indicated in the Fair Housing Action Plan within the last 3 years. Complete a Fair Housing Plan Schedule form and attach as Exhibit 6.3a.

6.3b Past Performance – Section 3

Document the number of opportunities awarded to Section 3 contractors or residents over the past 3 years to comply with training, employment and contracting provisions of Section 3 of the Housing and Urban Development Act of 1968, as amended. Goals should reflect the municipality’s active Section 3 Plan and results should be demonstrated from that Plan.

Goals:

YEAR	# of Contracts	Dollar Amount	Training/Hiring

Accomplishments:

YEAR	# of Contracts	Dollar Amount	Training/Hiring

If no awards were made over the past 3 years, indicate the municipality’s good faith efforts to comply. Check all that apply:

- 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
- Other _____

6.3c Past Performance Set-Aside

Document the number of contractor and subcontractor awards made to eligible small and minority firms and women’s business enterprise 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	WBE	Dollar Amount

If goals were not met over the past 3 years, 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 use list to contact potential contractors.
- Other _____

6.4 Complete If New Applicant Only

6.4a New Grantee

Is the municipality a new CDBG Small Cities grantee? A new grantee is defined as a municipality who has not applied for a Small Cities grant over the past consecutive 3 years. YES NO

6.4b Past Fair Housing Initiatives

Identify projects, initiatives, and/or actions that the municipality has taken in the past 3 years to promote the principles of fair housing. Complete Past Fair Housing Initiatives Schedule form and attach as Exhibit 6.4b.

7.0 Consistency with Connecticut's Consolidated Plan

The State of Connecticut 2005-2009 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 2005-2009 Consolidated Plan when completing the following section.

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:

8.0 Construction Documents

Please check all that apply.

A. Drawings Completion Level (Submit drawings as **Exhibit 8A.**)

None Schematic Design Development Construction/Final

B. Specifications Completion Level Submit specifications as **Exhibit 8A**

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: Submit construction schedule as **Exhibit 8D.**

< 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 (Submit as **Exhibit 8F**)

Please attach a detailed/itemized construction cost estimate.

G. Construction Procurement Plan (Submit as **Exhibit 8G**)

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.

8.1 Energy Star - For Projects and Programs

Projects & Programs should incorporate as many energy-saving products as possible. Make sure that these products are included in your specifications.

For ENERGY STAR Qualified Products Go to web site www.energystar.gov for product info. Make a list of the products you intend to use and Attach as **Exhibit 8.1.**

9.0 Residential Rehabilitation Programs

Guidelines submitted must include in narrative form A-G. (Each exhibit can be a clearly identified with lettered paragraph on the same sheet, not separate sheets for each exhibit.)

A. Procurement Process for:

Architect
Contractor
Technical Assistance
Environmental Professional

Please attach as **Exhibit 9A**

B. Building Evaluation Process:

Hazardous Materials: Asbestos/Lead Paint/Storage Tanks
Code/ Proposed Work
Historical

Please attach as **Exhibit 9B**

C. Site Evaluation Process:

- Well/Septic
- Floodplain
- Soil Contamination
- Storage Tanks
- Proposed Work

Please attach as **Exhibit 9C**

D. Construction Monitoring Process:

Please attach as **Exhibit 9D**

E. Approval/Permitting Process:

- DEP
- DPH

Please attach as **Exhibit 9E**

F. Schedule of completion of all construction/program:

Please attach as **Exhibit 9F**

G. 75% replacement value threshold

Please attach as **Exhibit 9G**

10. DECD Training

10.0 DECD Training

List the DECD Training(s) attended by town staff for CDBG within the past year.

Name of town staff member _____

Title _____

Training(s) Attended _____
