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| --- | --- | --- | --- | --- |
| **For DLG Use Only** |  | **SAI Number** |  | **If a Project involves Water or Sewer Activities** |
|  **24-**  |  |  |  | WRIS Number  |

|  |
| --- |
| **PROJECT TITLE**       |

**APPLICANT**

|  |  |  |
| --- | --- | --- |
| Legal Applicant | CEO      | E-mail Address    |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |
| Telephone Number | KY State Vendor Code      | Unique Entity ID       | Tax ID Number       | SAM Number      |

**APPLICANT’S LDA or SUBRECIPIENT- CHECK BOX A FAITH BASED ORGANIZATION** [ ]

|  |  |  |
| --- | --- | --- |
| Name      | CEO      | Email Address      |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |
| Telephone Number | Fax Number      | Unique Entity ID       |

**PARTICIPATING PARTY CHECK BOX IF PARTICIPATING PARTY IS A FAITH BASED ORGANIZATION** [ ]

|  |  |  |
| --- | --- | --- |
| Name      | CEO      | Email Address      |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |
| Telephone Number | Fax Number      | Unique Entity ID       |

**PREPARER**

|  |  |  |
| --- | --- | --- |
| Name      | Telephone Number      | FAX Number      |
| Organization      | E-mail Address      | Certified AdministratorYes [ ]  No [ ]  |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code + 4      |

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| --- | --- | --- | --- |
| State House District      | State Senate District      | Congressional District      | Area Development District |



#### Introduction

###### These forms are designed to obtain pertinent information, not lengthy narrative. Forms provided must be used and completed according to instructions. Instructions are given on the respective forms. Answer all questions--if a particular question is not pertinent to your project, insert N/A. Please type or print all information. No additional pages will be allowed unless noted on form. Attach and number all exhibits to correspond with the appropriate section. Retyped forms will be accepted; however, the same format must be followed and pages must be numbered.

The following materials shall constitute a complete application. **Please provide the page number for each item listed below on the line to the left:**

 Project Summary

 Project Funding Summary

 Cost Summary [*https://kydlgweb.ky.gov/Documents/CDBG\_cities/COSTSUMMARY2010.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/COSTSUMMARY2010.xls)

 Attach a Housing Detailed Cost Estimate

 <https://kydlgweb.ky.gov/Documents/CDBG_cities/DetailedHousingCostEstimate.xls>

 Attach Homeowners List

 <https://kydlgweb.ky.gov/Documents/CDBG_cities/HomeownersList.xls>

 Mapping Requirements

 Citizen Participation - *tear sheet, signed detailed public hearing minutes/handouts, attendance sheet, and any public responses.*

 Please indicate which of the National Objectives, as stated in Section II of the Program Guidelines, that applies to this project:

LMI [ ]  (complete page 10) Slum\Blight [ ]  (complete page 11) Urgent Need [ ]  (Contact DLG)

 Certification of Area Income Eligibility

 Person and Household Benefit Profiles

 <https://kydlgweb.ky.gov/Documents/CDBG_cities/BenefitProfilewithBudgetInfo.xls>

 Additional Housing Requirements

 104d Requirements *(if applicable)*

 Project Overview

 Housing and Community Development Needs

 Title VI Form

 Statement of Assurances

Documents to Attach:

 Authorizing Resolution adopted by the community’s governing body

 All Funding Commitment Letters: if cash please attach a bank statement, if loan please attach proof of ability to borrow funds

 Kentucky State Clearinghouse Endorsement, as stated in Section III of the 2021 CDBG Program Guidelines

 Letter of determination of eligibility for listing on the National Register of Historic Places from the Kentucky Heritage Council, and clearance from the State Historic Preservation Officer

 Letter signed by the applicant CEO stating how applicant has met threshold requirements as stated in Section III of 2021 CDBG Program Guidelines

 For septic systems, attach a copy of the letter sent to the local health department listing each structure receiving a new upgraded septic system

 For involuntary Housing projects, that are part of a neighborhood revitalization project, provide documentation to substantiate compliance with KRS Chapter 99 by providing a copy of a City or County approved Redevelopment Plan, including compliance with the Uniform Relocation Act.

 If project involves a non-profit organization, please provide proof of the non-profit organization’s 501(c)(3) status to prove eligibility.

 For voluntary Housing projects, provide proof of the publication announcement of the rehabilitation program, a copy of the household surveys, and the adopted Temporary Relocation Policy (if applicable).

 Please see a sample Guide Form Notice for Involuntary and Voluntary Housing Projects on pages 34-36 of this Housing Project Application Form. ***Remember this is only a sample.***

 Documentation to substantiate that conflict of interest provisions have been discussed with the governing body and possible recipients.

 Applicant/Recipient Disclosure/Update Report (form HUD-2880)

 <https://www.hud.gov/sites/documents/2880.PDF>

 Attach a copy of the following Division of Water written approvals, if applicable to this project

 Water Infrastructure Branch (Planning Approval) [ ]

 Water Infrastructure Branch (Pre-Design Meeting)\* [ ]

 Engineering design and specifications approved\*\* [ ]

*\* These must be dated within 1 year of submission of this form*

*\*\*These must be dated within 2 years of submission of this form*

###### NOTE: Partial submissions will NOT be accepted!

**Please provide a detailed description of proposed project.**

|  |
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**FINANCING**

Include **all** funding amounts and sources. Please complete all appropriate columns and indicate the status of funds as “Approved”, “Applied For”, or “Committed”. In-kind contributions should be listed separately on the chart below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Source** | **Amount** | **Project %** | **Type** | **Rate** | **Term** | **Status of Funds** |
| CDBG |       |       |       |       |       |       |
| CDBG Admin/Planning |       |       |       |       |       |       |
| **Subtotal - CDBG** |  |  |  |  |  |  |
|       |       |       |       |       |       |       |
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| **Total** |  |  |  |  |  |  |
|  |
| **Source of In-Kind Contributions** | **Estimated Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**APPLICATION CERTIFICATION**

I **certify** to the best of my knowledge and belief that the information provided herein is **true, complete, and accurate. I am aware that the provisions of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences** including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Section 3729-3730 and 3801-3812” Applies to all tiers of subrecipients. I also agree to comply with requirements of 24 CFR Part 58.

I am aware that the proposed project may be removed from further consideration should it be determined that there are significant discrepancies in the information provided, and/or false, inaccurate or incomplete information has been given.

Title

Signature, Chief Executive Officer

       Click or tap to enter a date.

Date

Name Typed

### Housing Cost Summary

Attach a copy of the Cost Summary. The Cost Summary is included in an Excel spreadsheet named *Cost Summary.xls* and that file can be downloaded from the DLG web site (<https://kydlgweb.ky.gov/Documents/CDBG_cities/COSTSUMMARY2010.xls>).

Replace this page with the completed Cost Summary for this application

*Please include documentation and narrative describing how you arrived at cost estimations.*

1. Enter the amount of CDBG funds requested for each activity identified in the "CDBG Funds" column. These dollar amounts must be separated according to LMI and/or Slum/Blight for the activities of Acquisition, Rehabilitation and New Construction. Remaining project activities meeting the 51% benefit to low and moderate income persons can include their costs in their entirety to the LMI column.

LMI and/or Slum/Blight Determination

**Acquisition** is based on the reuse of the property. Examples for counting costs to the **LMI column** are:

* Acquired property that will be reused to directly benefit LMI persons. (LMI Housing must be occupied to meet the LMI national objective)
* Acquired and cleared parcels that will remain green space to improve the surroundings of a 51% LMI neighborhood, unless an undevelopable lot is deeded to an adjacent over-income property owner.
* Acquired and cleared property that will remain green space after all occupants are relocated from the project area, or that will be reused as a water retention basin, recreational park, etc., can be counted as LMI only when the community “as a whole” is 51% LMI or the census tract area is determined to be 51% LMI.

**NOTE: If there is the remote possibility that any of the properties will not remain green space or could be considered for future use other than to benefit LMI, please do not count the costs towards the LMI benefit.**

**Rehabilitation** is based on the benefit to the occupant of the structure.An example for counting costs to the Slum/Blight column is when a structure occupied by an “over income” homeowner is rehabilitated to address health and safety issues (this would only occur within a project area meeting Chapter 99 of Kentucky Revised Statutes).

**New Construction -** all CDBG funds used towards new construction must benefit LMI occupants.

1. Enter the amount(s) of other funds, i.e., HOME, FEMA, PROGRAM INCOME, RD, ARC, to be used for each activity in the "Other Funds" column. The source of these funds should be identified in the "Source" column. If more than one (1) "Other Source of Funds" is used for an activity, please **identify** the **amounts and sources separately.**

**Special Notes:**

* Each CDBG activity line item dollar amount must be rounded to the nearest $100.
* Total CDBG dollar amount must be rounded to the nearest $1,000.
* Program Income generated during the course of the project should be used before CDBG funds are drawn. (Tap fees are not considered program income.)
* Do not include in-kind dollars on the Cost Summary. In-kind dollars are not considered as matching funds.
* Expenses related to property acquisition (i.e., legal fees, clear title, closing costs,…) should be placed in the acquisition line item.
* Expenses related to rehabilitation (i.e., title searches, surveys, marketing, work write-ups and inspections (if independent of grant administrator) should be placed in the rehabilitation administration line item.
* No CDBG funds shall be used for contingencies
* Service lines must be shown as a Rehabilitation Grant.
* Total engineering design and inspection services are based on total construction costs excluding contingencies. CDBG funding cannot exceed the RD fee schedule.
* Public Services costs are not eligible for CDBG participation except for Recovery Kentucky projects.
* Architectural/Engineering costs are to be included in the activity to which they pertain and are to be summarized at the bottom of the cost summary.
* Housing projects do not require a specified match; however, it is important to actively seek additional funds to leverage the CDBG funds.

**Reminder:** Include costs associated with the requirement for recipient to erect a project sign according to CDBG specifications.

**All projects must include the following information on their maps**:

Replace this page with the completed Maps for this application

a. Include map of the applicant's jurisdiction showing:

* boundaries of the entire jurisdiction;
* project's location within the jurisdiction;
* areas of minority concentration within the jurisdiction;

b. Include map of the applicant's project area(s). This map must be specific to the project area(s), **and must clearly delineate:**

* boundaries of the project area(s);
* land to be acquired;
* floodplain area;
* drainage problem area;
* highways and railroad lines proximate to the project area (indicate if railroad line is

 active or inactive).

 c. Project maps must also include:

* structures and/or lots to be acquired
* structures to be cleared
* structures to be rehabbed (indicate minor, moderate, or major and identify those with potential lead-based paint removal)
* owner/renter/vacant status of structures
* mobile homes (designate if double wide)
* multi-family units (duplex, etc.)
* standard structures/no activity (neighborhood projects only)
* alternate structures (standby units for voluntary projects only)

 d. Include a Census Tract map (s) showing the location of the proposed project. Census Tract Maps can be downloaded at <http://www.census.gov/>

 **Special Notes**:

* **Properties must be numbered on map and coincide with numbers on Map/Survey Form and the documentation sent to SHPO.**
* **Include photographs of each structure with name of occupant and owner, map number, address and type of activities.**
* **If any portion of the project area is located in a floodplain, provide evidence that applicant participates in the National Flood Insurance Program.**

**NOTE:** ECC requires the submission of a copy of a 7.5 minute USGS topographical map delineating these items. It is recommended that the project area map take this form.

1. Date of publication of notice of CDBG information to the public
2. Notice of first public hearing

Date of advertisement

Date of hearing

1. Describe the other methods used to solicit participation of low and moderate income persons, such as posting notices at public buildings, radio ads, etc…

|  |
| --- |
|       |

1. Describe any adverse comments/complaints received and describe resolution.

|  |
| --- |
|       |

5. Attach to this form:

1. Tear sheet of all public notices
2. Signed Minutes of the public hearing(s) including lists of signatures from attendees, agendas, and handouts
3. Copy of response(s) to comment(s) and/or complaint(s)

In the first column, list each proposed CDBG activity that will benefit persons of Low and Moderate Income (LMI), exclude planning and administration activities. In the second column provide the applicable Code of Federal Regulations (CFR) citation for LMI benefit. In the third column, respond to the following for each activity. *(Attach additional pages if necessary)*

1. Identify source documentation for determining LMI benefit *(e.g. survey, census tract)*
2. Explain how each activity will benefit LMI individuals *((1)area benefit, (2)limited clientele, (3)housing, (4)job creation or retention)*
3. Provide description of survey method *(if applicable)*

|  |  |  |
| --- | --- | --- |
| **Cost Summary Activity Number** | **CFR****Citation** | **LMI Benefit** |
|       |       |       |

Describe how LMI information was assembled

|  |
| --- |
| Community wide [ ]  |
| Census tract/block area *[ ]  (list census tract numbers, attach copy of map and other documentation)* |
| Survey [ ]  |
| Other *(describe)*       [ ]  |

**Please Include the Following**

1. Attach Certification of Area Income Eligibility *(if surveys were conducted)*
2. Attach LMI Worksheets *(if applicable)*
3. Attach Sample Survey *(if applicable)*

Note: For CFR (LMI) determination, refer to the HUD Guide to National Objectives for State CDBG program

<http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide>

In the first column, list each proposed CDBG activity that will aid in the Prevention or Elimination of Slums and Blight), exclude planning and administration activities. In the second column provide the applicable Code of Federal Regulations (CFR) citation for slums or blight. In the third column, respond to the following for each activity. *(Attach additional pages if necessary)*

1) Explain and quantify the extent of deterioration of buildings or improvements

1. Explain how the **activity** meets Chapter 99 of Kentucky Revised Statutes (KRS) definition of slums or blight ((1) area basis, (2) spot basis) \*see note.
2. Source of documentation for slums or blight, i.e., pictures, SHPO consultation, etc.
3. Explanation of how this activity will eliminate or prevent slums or blighted conditions

\*To qualify on an **area basis**, activities assisted with CDBG funds must be limited to those that address one or more of the conditions that contributed to the deterioration of the area.

\*To qualify on a **spot basis**, the activity must be limited to one of the following: acquisition, clearance, relocation, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate specific conditions detrimental to public health and safety. Note: Health and safety conditions must be to the public in general.

|  |  |  |
| --- | --- | --- |
| **Cost Summary Activity Number** | **CFR****Citation** | **Prevention or Elimination of Slums or Blight** |
|       |       |       |

Note: For CFR (Slum/Blight) determination, refer to the HUD Guide to National Objectives for State CDBG program

<http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide>

***To be used by applicants using income surveys as the basis for proving LMI benefit***

 I certify that a household income survey was performed for the CDBG project area on       to determine the percentage of low and moderate income (LMI) residents. LMI determination was based on the      HUD income limits for      . A copy of the survey methodology (sample size and methodology, survey collection method, etc.) is included in the application as part of the Benefit to Low and Moderate Income form. A copy of the survey form used and the LMI worksheet are attached to this Certification.

 The survey was carried out in conformance with the 2021 Kentucky CDBG Program Guidelines. To the best of my knowledge, the results of the income survey are true and accurate reflection of current economic conditions in the activity service area.

Signature, Chief Executive Officer

Date

#### Persons Benefit Profile

Identify persons benefiting from the project and enter the number of **total beneficiaries** for all activities (exclude engineering, planning and administration). Individuals who receive benefit from more than one activity should not be double counted within the total. For each activity, persons must be identified by racial and ethnic background. **The individual themselves make this determination**.

[*https://kydlgweb.ky.gov/Documents/CDBG\_cities/BenefitProfilewithBudgetInfo.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/BenefitProfilewithBudgetInfo.xls)

Replace this page with the completed Person Benefit Profile for this application

1. At the top of the page, list **total** number of beneficiaries for all activities.
2. List the proposed activity number (exclude engineering, planning, and administration).
3. List number of **White** persons benefiting. (A person having origins in any of the original people of Europe, North Africa, or the Middle East)
4. List number of **Black/African American** persons benefiting. (A person having origins in any of the **black** racial groups of Africa.
5. List number of **Asian** persons benefiting. (A person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
6. List number of **American Indian/Alaskan Native** persons benefiting. (A person having origins in any of the original peoples of North, Central and South America and who maintain tribal affiliation or community attachment.)
7. List number of **Native Hawaiian/Other Pacific Islander** persons benefiting. (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
8. List number of **American Indian/Alaskan Native & Other** persons benefiting.
9. List number of **Asian & White** persons benefiting.
10. List number of **Black/African American & White** persons benefiting.
11. List number of **American Indian/Alaskan Native & Black/African American** persons benefiting.
12. List number of **Other Multi-Racial** persons benefiting.
13. Add together and **total** the number of beneficiaries for all races for an activity and enter the number in the total space.
14. List number of **Hispanic** persons benefiting. (A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.). Each person listed in the Total for that race, must be determined to be Hispanic or not. Race is not a factor in this column. Show the number of that race who believe themselves to be Hispanic.
15. Show the Total of all Hispanic persons.
16. List number of **female head of households** benefiting.
17. List number and percent of **extremely low income** persons benefiting (0% to 30% of median).
18. List number and percent of **very low income** persons benefiting (31% to 50% of median).
19. List number and percent of **low income** persons benefiting (51% to 80% of median).
20. Add 17, 18, and 19 together and show the total number and percentage of LMI persons.
21. List number of persons who are not low to moderate income (above 81% of median).
22. List all sources of funding (CDBG, HOME, ESG, HOPWA, ARC, etc) and amount of funds to be expended **by project activity**.
23. Complete as many sections as necessary to report beneficiaries for all CDBG funded project activities.

**Household Benefit Profile**

Please complete a Household Benefit Profile using the ***Benefit Profile*** spreadsheet that is a separate file. Use the following instructions in completing that spreadsheet. Identify families benefiting from the project and enter the number of **total households** for all CDBG funded activities (exclude engineering, planning, and administration). The numbers provided should be consistent with each specific housing survey. For each activity, household must be identified by racial and ethnic background. **The individual themselves make this determination**. Households who receive benefit from more than one activity should not be double counted within the total.

Replace this page with the completed Household Benefit Profile for this application

Note:

List all proposed **activity** numbers and letters if applicable. (Do not include engineering, planning, and administration activities)\*. The number of owners and renters benefiting must be listed under separate activity columns by selecting the Owner or Renter box for each Activity Number.)

\* The numbers and letters provided should be consistent with the numbers and letters as indicated on the cost summary.

**To assist in completing numbers 1-21, the classification of a household is determined as a person regarded as the head of the household by those persons living in the household**

1. At the top of the page, list the **total** number of households for each activity.
2. List the proposed activity number (exclude engineering, planning, and administration).
3. List number of **White** households benefiting. (A person having origins in any of the original people of Europe, North Africa, or the Middle East.)
4. List number of **Black/African American** households benefiting. (A person having origins in any of the **black** racial groups of Africa.)
5. List number of **Asian** households benefiting. (A person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
6. List number of **American Indian/Alaskan Native** households benefiting. (A person having origins in any of the original peoples of North, Central and South America and who maintain tribal affiliation or community attachment.)
7. List number of **Native Hawaiian/Other Pacific Islander** households benefiting. (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
8. List number of **American Indian/Alaskan Native & Other** households benefiting.
9. List number of **Asian & White** households benefiting.
10. List number of **Black/African American & White** households benefiting.
11. List number of **American Indian/Alaskan Native & Black/African American** households benefiting.
12. List number of **Other Multi-Racial** households benefiting.
13. Add together and **total** the number of households for all races for an activity and enter the number in the total space.
14. List number of **Hispanic** households benefiting. (A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.). Each person listed in the Total for that race, must be determined to be Hispanic or not. Race is not a factor in this column. Show the number of that race who believe themselves to be Hispanic.
15. Show the Total of all Hispanic households.
16. List number of **female head of households** benefiting.
17. List number of **households with disabled persons** benefiting.
18. List number and percent of **extremely low-income** households benefiting (0% to 30% of median).
19. List number and percent of **very low-income** households benefiting (31% to 50% of median).
20. List number and percent of **low-income** households benefiting (51% to 80% of median).
21. Add 17, 18, and 19 together and show the total number and percentage of LMI households.
22. List number of households who are not low to moderate income (above 81% and above).
23. List all sources of funding (CDBG, HOME, ESG, HOPWA, ARC, etc) and amount of funds to be expended **by project activity**.
24. Complete as many sections as necessary to report households for all CDBG funded project activities.
25. **MAP/SURVEY FORM**

Complete the form below by identifying all properties listed on the project area map (numbers must coincide).

* Indicate if the address is not a house (i.e., lot, garage, commercial, …) and mark N/A in the Not Surveyed column.
* Provide the total number of persons occupying each structure and indicate if the occupants are LMI persons (as referenced on each specific housing survey).
* If occupant was unavailable for surveying, check the Not Surveyed column, and in the Total # of Persons column (only) list the estimated number of persons living in that unit.
* Do not provide numbers in the Total Persons columns for vacant units, even if the owner is LMI.

***Include a copy of each housing survey in the one additional copy application package.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Map****#** | **Street Address** | **Activities** | **Owner/****Renter/****Vacant** | **Not****Surveyed** | **Total****# of****Persons** | **Total****LMI****Persons** |
| **Acquisition** | **Clearance** | **Relocation** | **Rehabilitation** |
|  |  |  |  |  |  |  |  |  |  |
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|  |  | **TOTAL** |  |  |  |  |

***NOTE: Duplicate this form as needed***

 **ACTIVITY MATRIX**

Complete the matrix below by indicating the total number of housing structures to be affected by each activity. Indicate in the “Other” column if it is not a residential unit (i.e., lot, garage, commercial). If multi-family housing structures are included in the count, please reference the number of units as an asterisk notation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Owner****Occupied** | **Rental****Occupied** | **Vacant****Residential****Units** | **Other** |  |
|  | **Total****Over****Income** | **Total****LMI** | **Total****Over Income** | **Total****LMI** | **Total** | **Specify** | **Total** |
| Acquisition |       |       |       |       |       |       |       |       |
| Relocation |       |       |       |       |  |       |       |       |
| Temp Relo |       |       |       |       |  |       |       |       |
| Rehab |       |       |       |       |       |       |       |       |
| Reconstruct |       |       |       |       |       |       |       |       |
| Clear/Demo |       |       |       |       |       |       |       |       |

**DISPOSITION OF LOTS (reuse of vacant properties)**

|  |  |
| --- | --- |
| **Do not duplicate numbers** | **Total****Number** |
| Number proposed to consolidate for households receiving project assistance |       |
| Number proposed to use for last resort housing |       |
| Number proposed to deed to adjacent LMI property owner(s) |       |
| Number proposed for new housing construction as part of project |       |
| Number that require disposition with no certainty of reuse at this time |       |
| Number proposed to be retained by grantee. Please explain why below:                                                                                                                                                                                                                                                                                           |       |

Complete the matrix below by indicating the total number of lots that require disposition after acquisition and clearance activities. *Note: Not applicable to voluntary projects.*

**104d INFORMATION** *(if applicable****) – DOES N*OT APPLY TO VOLUNTARY PROJECTS**

For each **LMI** **unit** to be **demolished** or **converted** to a use other than LMI housing as a result of this project, provide the address and number of bedrooms to be affected (excluding over-income units). List all **vacant-occupiable units** and indicate the approximate number of months vacant. Provide the replacement address and the number of proposed LMI replacement bedrooms. ***(Please attached assistance form on page 32 of this Application Form)***

*Note: The determination of a LMI unit is not based upon the income of the occupant (see Definitions included in Housing Application Instructions). Replacement units must be sufficient in number and size to house no less than the number of occupants who could have been housed in the units that are demolished or converted.*

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| --- | --- | --- | --- | --- |
| **Address** | **Number of Bedrooms** | **Number of Months Vacant** | **Replacement Address** | **Number of Proposed LMI Replacement Bedrooms** |
|       |       |       |       |       |
|       |       |       |       |       |
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***Note: Duplicate this form as needed***

**104d INFORMATION Continued** *- (if applicable)* ***- DOES N*OT APPLY TO VOLUNTARY PROJECTS**

1. Who will be the source of funding for provision of replacement units (i.e., CDBG project, non-profit, other government agency, private developer, etc.)?
2. *If other source of funding is a non-profit please include verification of their 501(3)(c) status*.
3. If source of funding is someone other than CDBG, what steps have been taken to assure their participation?

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1. What steps have been taken to meet the one-for-one replacement and assure project closeout in a timely manner?

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1. Has there been new construction of low income housing in the jurisdiction within the last year (i.e., Habitat, Section 8 Housing, etc.)? If yes, please explain.

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1. For each activity shown on the Cost Summary, excluding planning and administration activities please provide a **BRIEF** narrative discussing the need for this activity, a description of the activity that will address this need and what you anticipate the accomplishments of what this activity will be.

**EACH ACTIVITY SHOULD BE SPECIFIC AND QUANTIFIED.**

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| --- | --- | --- | --- |
| **Activity****Number** | **Project Needs** | **Proposed Activities** | **Anticipated Accomplishments** |
|       |       |       |       |

 *Special Note: Acquisition and clearance activities must include an explanation of the disposition of the properties (reuse of property).*

***NOTE: Duplicate this Form if needed.***

1. Discuss the methodology used to determine project need

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1. Discuss the planning and administrative budgets for both CDBG and other funding sources. Provide specific work to be undertaken as part of each activity.
2. Planning

Note: If the planning contract language indicates the recovery of costs or payment is contingent upon receiving a CDBG, it is an ineligible CDBG cost.

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1. Administration

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1. If housing counseling will be provided with CDBG funds, please explain the services and how persons will benefit (i.e., individual counseling or group counseling.)

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1. If program income/miscellaneous revenue has been received from a previous CDBG housing project, what is the balance on hand?

a) Current Balance

b) Amount expected to be received in the next 12 months

c) Amount to be applied to proposed project? If zero, answer 5d

1. Describe why repayment from previous grants should not be applied to this proposed project, as cited in 24 CFR Part 570 (must respond if 5c is zero).

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1. Discuss project readiness. (i.e.*, status of other funds applications, clearinghouse conditions addressed, title and/or condemnation issues considered and budgeted for, etc.)*

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7. If other housing orientated funding sources (i.e. KHC, RD, ARC) are not included in this project to help maximize the effectiveness of CDBG funds, please explain why these resources were not explored. If they were explored, please explain why their funds are not included in the project.

8. Discuss all local contributions to the project. *(financial and other)* Please attach funding sources verification of commitment and accessibility of all other funds. N*ote: If a city or county is contributing to the project, a resolution from their governing body stating approval of their commitment must be attached.*

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9. Discuss any known conflicts of interest. Please refer to household surveys and disclose any household members related to city employees or elected officials, pursuant to 24 CFR 570.489(h)(2).

**LEAD BASED PAINT INFORMATION (if applicable)**

10. a) Describe any procedures currently in place to ensure compliance with the Lead-Based Paint Regulations [24 CFR Part 35] (effective 9-15-2000, extended until 01-10-2002). Address lead hazard evaluation, reduction, clearance and temporary relocation.

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b) Explain how resources are immediately available to comply with the above procedures (i.e., availability of EPA certified risk assessors, paint inspectors, abatement supervisors and workers, testing facilities and relocation resources, etc.).

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**INSTRUCTIONS**

This form is used to define your community’s overall housing and community development needs. All questions in each category must be answered even if your project is not designed to specifically address that category. All questions must be answered in respect to the entire jurisdiction of the applicant(s), not just the project area.

1. **ECONOMIC DEVELOPMENT**
2. Describe the overall economic development needs.

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 Source/Rationale

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1. Describe the overall economic development needs specific to LMI residents.

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 Source/Rationale

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1. Describe the community’s goals (methods for meeting needs) projected for three years.

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|       |

1. Describe the relationship of the proposed project to the stated economic development goals.

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1. **HOUSING**
2. Describe the overall housing needs.

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 Source/Rationale

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1. Describe the overall housing needs specific to LMI residents.

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 Source/Rationale

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1. Describe the community’s goals (methods for meeting needs) projected for three years.

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1. Describe the relationship of the proposed project to the stated housing goals.

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1. **PUBLIC FACILITIES**
2. Describe the overall public facilities needs.

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 Source/Rationale

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1. Describe the overall public facilities needs specific to LMI residents.

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 Source/Rationale

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1. Describe the community’s goals (methods for meeting needs) projected for three years.

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1. Describe the relationship of the proposed project to the stated public facilities goals.

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Form Approved

OMB No.2506-0043

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| U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENTINSTRUCTIONS FOR COMPLIANCE WITH TITLE VIOF THE CIVIL RIGHTS ACT OF 1964Title VI of the Civil Rights Act of 1964 states“No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”Section 1.4(b) (2) (i) of the regulations of the Department of Housing and Urban Development issued pursuant to Title VI requires that:“A recipient, in determining the types of housing, accommodations, facilities, services, financial aid, or other benefits which will be provided under any such program or activity, or the class of persons to whom, or the situations in which, such housing, accommodations, facilities, services, financial aid, or other benefits will be provided under any such program or activity, or the class of persons to be afforded an opportunity to participate in any such program or activity, may not, directly or through contractual or other arrangements, utilize criteria or other methods of administration which have the effect of subjecting persons to discrimination because of their race, color, or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program or activity as respect to persons of a particular race, color, or national origin.”As evidence of compliance with the above, the applicant shall provide the information as requested in a, b, c, and/or d below, as appropriate, to supplement the data relative to the locations of concentration of minority groups and proposed activities shown on the map submitted as part of the application. Additional pages should be used, if necessary. If there are no minorities in the community, check here [ ]  and disregard questions a through d.  |
| 1. IDENTIFY THE MINORITY GROUP(S) POPULATION OR PORTION THEREOF, RESIDING IN THE APPLICANT’S JURISDICTION THAT WILL NOT BE SERVICED BY ONE OR MORE OF THE PROPOSED ACTIVITIES

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|  |
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| 1. EXPLAIN WHETHER THE MINORITY GROUP POPULATION, OR PORTION THEREOF, NOT SERVICED BY THE PROPOSED ACTIVITY (IES) ALREADY RECEIVES SUCH SERVICE. IF SO, DEFINE THE EXTENT OF EACH OF THESE EXISTING SERVICES AND INDICATE WHETHER THEY ARE EQUAL TO, GREATER THAN OR LESS THAN THE PROPOSED ACTIVITY(IES) RELATIVE TO THE LEVEL AND QUALITY OF SERVICES TO BE PROVIDED.

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| 1. IF THE MINORITY GROUP POPULATION, OR PORTION THEREOF, DOES NOT RECEIVE SUCH SERVICE(S) NOW AND WILL NOT RECEIVE THE BENEFIT OF THE PROPOSED ACTIVITY(IES), INDICATE THE APPROPRIATE TIME SUCH SERVICE(S) WILL BE PROVIDED TO SUCH RESIDENTS.

      |
| 1. IN THE EVENT NO FUTURE SERVICE(S) IS PLANNED FOR THE MINORITY GROUP POPULATION OR PORTION THEREOF, PROVIDE A STATEMENT OF THE REASONS WHY.

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| The phrase “minority group” as used herein, refers to Black, not of Hispanic Origin; Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture regardless of race); Asian or Pacific Islander; American Indian or Alaska Native.Signature, Chief Executive OfficerHUD-7089(6-78)Page 2 of 2 pages |

**Statement of Assurances**

The applicant hereby assures and certifies that:

(a) It possesses legal authority to apply for the grant, and to execute the proposed program, shall abide by all federal and state laws, executive orders, and regulations, including, but not limited to, those items listed in this section.

(b) Its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the applicant's chief executive officer to act in connection with the application and to provide such additional information as may be required.

(c) It has complied with all the requirements of Executive Order 12372 and that either:

(1) Any comments and recommendations made by or through clearinghouses are attached and have been considered prior to submission of the application; or

(2) The required procedures have been followed and no comments or recommendations have been received prior to submission of the application.

(d) It will facilitate citizen participation.

(1) Providing adequate notices for one or more public hearings, specifically to persons of low and moderate income;

(2) Holding one or more hearings at times and locations convenient to potential beneficiaries, convenient to the handicapped, and meeting needs of non-English speaking residents;

(3) Providing citizens information concerning the amount of funds available for proposed community development activities and the range of those activities;

(4) Providing citizens with information concerning the estimated amount of funds that will benefit persons of low and moderate income;

(5) Furnishing citizens with the plans made to minimize the displacement of persons and to assist persons actually displaced as a result of grant activities;

(6) Providing citizens with reasonable notice of substantial changes proposed in the use of grant funds and providing opportunity for public comment;

(7) Providing citizens with reasonable access to records regarding the past use of CDBG funds received; and

(e) It will comply with the regulations, policies, guidelines and requirements of the OMB Super Circular and the "Common Rule," 24 CFR, Part 85 as they relate to the application, acceptance, and use of Federal funds under this document.

(f) It will comply with:

(1) Section 110 of the Housing and Community Development Act of 1974, as amended, 24 CFR 570.603, and State regulations regarding the administration and enforcement of labor standards;

(2) The provisions of the Davis-Bacon Act (40 U.S.C. S 276a-5) with respect to prevailing wage rates;

(3) Contract Work Hours and Safety Standards Act of 1962, 40 U.S.C. 327 et. seq., requiring that mechanics and laborers (including watchmen and guards) employed on federally assisted contracts be paid wages of not less than one and one-half times their basic wage rates for all hours worked in excess of forty in a work-week;

(4) Federal Fair Labor Standards Act, 29 U.S.C.S 102/et. seq., requiring that covered employees be paid at least the minimum prescribed wage, and also that they be paid one and one-half times their basic wage rate for all hours worked in excess of the prescribed work-week;

(5) Anti-Kickback (Copeland) Act of 1934, 18 U.S.C.S 874 and 40 U.S.C.S 276c, which outlaws and prescribes penalties for "kickbacks" of wages in federally financed or assisted construction activities; and

(6) KRS 337, with respect to Kentucky Prevailing Wage Rates and labor standards.

(g) It will comply with all requirements imposed by the State concerning special requirements of law, program requirements, and other administrative requirements.

(h) It will comply with:

Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), and the regulations issued pursuant thereto (24 CFR Part 1), which provides that no person in the United States shall on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this assurance. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended, or for another purpose involving the provision of similar services or benefits;

(i) It will to the greatest extent practicable under State law, comply with Sections 301 and 302 of Title III (Uniform Real Property Acquisition Policy) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended with the final rule published February 3, 2005, and will comply with Sections 303 and 304 of Title III, and HUD implementing instructions at 24 CFR Part 42.

(j) It will:

1. Comply with Title II (Uniform Relocation Assistance) of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and HUD implementing regulations at 24 CFR Part 42 and 24 CFR 570.606;

(2) Provide relocation payments and offer relocation assistance as described in the Uniform Relocation Assistance Act of 1970, as amended, to all persons displaced as a result of acquisition of real property for an activity assisted under the Community Development Block Grant program. Such payments and assistance shall be provided in a fair and consistent and equitable manner that insures that the relocation process does not result in different or separate treatment of such persons on account of race, color, religion, national origin, sex, or source of income; and

(3) Provide for reasonable benefits to any person involuntarily and permanently displaced as a result of the use of grant funds to acquire or substantially rehabilitate property.

(k) It will comply with the provisions of the Hatch Act that limits the political activity of employees.

(l) It will give the State, HUD and the Comptroller General, through any authorized representatives, access to and the right to examine all records, books, papers, or documents related to the grant.

(m) Its chief executive officer or other officer of applicant approved by the State:

1. Consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. S 4321 et. seq.) and other provisions of Federal law, as specified in 24 CFR Part 58, which furthers the purposes of NEPA, insofar as the provisions of such Federal law apply to the Kentucky Community Development Block Grant Program; and

(2) Is authorized and consents on behalf of the applicant and himself to accept the jurisdiction of the Federal courts for the purpose of enforcement of his responsibilities as such an official.

(n) It will comply with:

(1) The National Environmental Policy Act of 1969 (42 U.S.C. S 4321 et. seq.) and 24 CFR Part 58, and in connection with its performance of environmental assessments under the National Environmental Policy Act of 1969, comply with Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. 468), Executive Order 11593, and the Preservation of Archeological and Historical Data Act of 1974 (16 U.S.C. 469a-1, et. seq.) by:

1. Consulting with the State Historic Preservation Officer to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the proposed activity; and

(b) Complying with all requirements established by the State to avoid or mitigate adverse effects upon such properties.

1. Executive Order 11988, Floodplain Management;

(3) Executive Order 11990, Protection of Wetlands;

(4) Section 202(a) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4106) as it relates to the mandatory purchase of flood insurance for identified special flood hazard areas;

(5) The Endangered Species Act of 1973, as amended;

* 1. The Fish and Wildlife Coordination Act of 1958, as amended;

(7) The Wild and Scenic Rivers Act of 1968, as amended;

(8) The Safe Drinking Water Act of 1974, as amended;

(9) The Clean Air Act of 1970, as amended;

1. The Federal Water Pollution Control Act of 1972, as amended;

(11) The Clean Water Act of 1977; and

(12) The Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976.

(o) It will comply with 24 CFR Part 570.489(j) concerning the change of use of real property purchased or improved in whole or in part with CDBG funds.

(p) It will comply with all provisions of Title I of the Housing and Community Development Act of 1974, as amended, as well as with all other applicable State and Federal laws which have not been cited previously.

The applicant hereby certifies that it will comply with the above stated assurances.

Signature, Chief Executive Officer

Name (typed or printed)

Title

Date

**Introduction**

These forms are designed to obtain pertinent information, **not lengthy narrative**. Forms provided **must** be used and completed according to instructions. Instructions are given on the respective forms. **Answer all** **questions--if a particular question is not pertinent to your project, insert N/A**. Please type or print all information. Attach and number all exhibits to correspond with the appropriate section. Retyped forms will be accepted; however, the same format must be followed and **pages must be numbered**.

**104d INFORMATION - DEFINITIONS**

NOTE: A LMI unit is not based upon the income of the occupant, but instead on the FMR (Fair Market Rent). Fair Market Rents are determined by HUD and are intended to represent a figure at or below what decent, safe and sanitary housing (including the cost of utilities) can be rented for on the private market.

# LMI Unit

* A dwelling unit with a market rent less than the FMR (Fair Market Rent). A reduced rent charged to a relative is not market rent. For owner-occupied units the market rent is the rent the unit could receive if rented.
* A unit that rents above the FMR that is occupied by a low-moderate income tenant is not a LMI dwelling unit.
* A unit that rents below the FMR that is occupied by an over-income person is a LMI dwelling unit.

# Demolished

* A LMI unit that is torn down.

# Converted

* Changing the use of the unit to non-housing (i.e., from permanent rental housing to a hotel or to non-residential use).
* Causing a former LMI unit to no longer qualify as a LMI dwelling (even if the use is still housing).
* Changing a unit so that it is used as an emergency shelter.

# Vacant-Occupiable Unit

* A dwelling unit in standard condition (regardless of how long it has been vacant).
* A vacant unit in substandard condition that is suitable for rehabilitation (regardless of how long it has been vacant).
* A dilapidated unit, not suitable for rehabilitation, which has been legally occupied (exclude squatters) within 3 months from before the date of agreement (the contract date between the applicant and the demolition contractor).

**Special Notes:**

* **Number of replacement bedrooms must at least equal the number removed**. Replacement units must be sufficient in number and size to house no less than the number of occupants who could have been housed in the units that are demolished or converted. The number of occupants who could have been housed in units shall be determined in accordance with applicable local housing occupancy codes. The grantee may not replace those units with smaller units (i.e., a 2-bedroom unit with two 1-bedroom units), unless the grantee, before committing funds, has provided information to citizens and to DLG demonstrating that the proposed replacement is consistent with the housing needs of lower-income households in the jurisdiction. Contact DLG for assistance.

**NOTICE OF POTENTIAL PROJECT**

# A Notice of Potential Project must be given to all persons that would possibly be eligible for benefits due to one of the following activities: 1) acquisition, 2) clearance, 3) relocation, or 4) rehabilitation in a potential Community Development Block Grant (CDBG) project. (This includes owners and/or occupants)

# Document the method used to assure persons received the Notice (certified mail or hand delivered).

# Provide evidence of receipt and include copies of the Notice letters.

# Special Note:

# Refer to the Guide Form to assist in preparing a Notice. It should be revised to reflect the circumstances.

***GUIDE******FORM***

### NOTICE OF POTENTIAL PROJECT

 Grantee or Agency Letterhead

(Date)

Dear: *(owner and/or occupant)*

On (date) , the (City/County) of intends to submit a Community Development Block Grant (CDBG) application to the Governor’s Office for Local Development for financial assistance to possibly address your residence.

 ***INSERT LANGUAGE BELOW DEPENDING ON TYPE PROJECT – Involuntary or Voluntary***

This **is not** a Notice of eligibility, **only** a Notice of a Potential Project.

Should you have questions or concerns, you may contact the office of the (Mayor, Judge) , (address) , at (phone) .

Sincerely,

***Involuntary Project:***

This Notice is to inform you that **if** the assistance is provided, you can be sure that we will make every effort to accommodate your needs. Because Federal assistance would be involved, you would be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

***Voluntary Project:***

This Notice is to inform you that **if** the assistance is provided and because this is a voluntary project, the following would apply:

* Although Federal assistance is involved, the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970, as amended, is not applicable.
* You have been selected as a potential *(****list as alternate, if a potential standby applicant)*** applicant due to meeting the city/county requirements when you applied for the project. However, **if** the project is funded it would be necessary to re-verify that you still meet the city/county requirements before you could receive financial assistance.
* As a voluntary applicant you have the right to change your mind and withdraw your application at anytime prior to receiving assistance.

 Sincerely,

# Special Notes:

# As stated in this Notice, this is not a Notice of eligibility, and in no way does this make the *name of city/county* liable for providing benefits.

# The case file must indicate the manner in which this Notice was delivered (i.e., personally served or certified mail, return receipt requested) and the date of delivery.

# The grantee must maintain at least five (5) alternate units for standby. All standby applicants should receive this Notice.