|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For DLG Use Only** |  | **SAI Number** |  | **If a Project involves Water or Sewer Activities** |
|  25**-**  |  |  |  | WRIS Number  |

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

**APPLICANT**

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

**JOINT APPLICANT**

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

**APPLICANT’S LDA or SUBRECIPIENT- CHECK BOX IF 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      |

|  |  |  |  |
| --- | --- | --- | --- |
| 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. Please type or print all information.

Each form on pages 12-28 of this application are coded in the upper right hand corner as follows:

Traditional T

Nontraditional N

Select the forms applicable to the type of project application being prepared.

No documentation except that requested below should be submitted with this application packet. Attach and number all exhibits to correspond with the appropriate section.

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

Documents to Attach:

 Authorizing Resolution signed by the community’s governing body

 Kentucky State Clearinghouse Endorsement, as stated in Section III of the 2019 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 stating how applicant has met threshold requirements as stated in Section III of 2019 CDBG Program Guidelines

 Letter from Participating Party assuring:

1. Commitment of full time employment; either created or retained (as applicable), and assurance of compliance with the LMI National Objective
2. Compliance with all Environmental requirements promulgated in 24 CFR Part 58 for non-exempt activity and further indicating that no obligation of funds will occur prior to DLG’s environmental clearance
3. Commitment of Participating Party’s investment

 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*



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

|  |
| --- |
|       |

**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** |  |  |  |  |  |  |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| **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.

Name Typed

Date

*If multi-jurisdictional application, joint applicant must also certify below.*

Title

Signature, Chief Executive Officer

       Click or tap to enter a date.

Date

Name Typed

Attach a copy of the Project Cost Summary. The Project 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*](https://kydlgweb.ky.gov/Documents/CDBG_cities/COSTSUMMARY2010.xls)).

Replace this page with the completed Cost Summary for this application

# Cost Summary

1. Enter the amount of CDBG funds requested for each activity identified in the "CDBG Funds" column. Consult the Codification of Activities for guidance on the proper classification.

2. Enter the amount(s) of repayment derived from previous CDBG grants to be used for each activity in the "Program Income" column.

3. Enter the source of "other funds" in the heading of each column. Enter the amount(s) of other funds to be used for each activity.

4. Subtotal all activity costs.

5. Enter total Planning and Administration costs on line (14) and (15) respectively.

6. Total all costs.

7. Attach cost estimates for Activities 1 through 13 of the Cost Summary including both CDBG and other funds.

Special Notes:

Lines 14) and 15) - Planning and Administration: - Combined amount of CDBG funds is not to exceed twenty percent (20%) of the sum of CDBG and program income funds.

**No CDBG funds shall be used for contingencies**

**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.**

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

**INSTRUCTIONS**: Complete items (a) and (b) for all projects. Complete other items as appropriate.

Replace this page with the completed Maps for this application

(a) **JURISDICTION MAPS**

Include map of the applicant's **jurisdiction** showing **all** of the following:

\* boundaries of the entire jurisdiction;

\* project's location within the jurisdiction;

\* areas of minority concentration within the jurisdiction;

\* water and wastewater treatment plants serving project.

(b) **PROJECT MAPS**

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

\* boundaries of the project area;

\* land to be acquired;

\* flood plain area;

\* drainage problem area;

\* deficient facilities;

\* sizes/dimensions of existing facilities serving the project area;

\* proposed improvements including sizes/dimensions;

\* streets, highways, airports and railroad lines proximate to the project area.

 (c) Include a Census Tract map (s) showing the location of the proposed project. Census Tract Maps can be downloaded at www.census.gov or www.ksdc.louisville.edu/1maps.htm

For projects that will provide **microenterprise** assistance, you must also include:

\* census tract/block area map

\* defined neighborhood boundaries

NOTE: Natural Resources and Environmental Protection Cabinet (NREPC) requires submission of a copy of a 7.5 minute USGS topographical map delineating these items. The project area map must take this form. Name all adjacent streets, highways, streams, etc. if not clearly identified on the map.

(d) **SITE MAPS** (T/N only)

Include **site** map, plats, or blueprints of the specific area affected showing finished project and including:

\* boundaries of the property;

\* water, wastewater and other infrastructure;

\* dimensions of building (existing and/or proposed).

NOTE: For projects which will acquire land/building with CDBG funds, or provide improvement to an industrial park, provide a legal description of the property to be acquired, a plat and general information to include:

\* current ownership;

\* metes and bounds;

\* existing improvements (buildings, roads, etc.);

\* acreage;

\* easements;

\* covenants or restrictions;

\* appraised value.

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 in a public building, 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>

***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 2019 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

#### 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.

All Economic Development project must provide the following information

**JOB STATISTICS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Number** | **Number of LMI** | **CDBG$/Job** |
| Creation |       |       |       |
| Retention |       |       |       |
| **TOTAL** |       |       |       |

1. **PROJECT DESCRIPTION**

T/N/M

1. **New Location Information**

***Complete this section if the project constitutes new location for the participating party***

Project site       Acres Building Size       Square Feet

new construction [ ]  acquisition of an existing building [ ]  Age

Appraised value       how long has the building been unoccupied?

1. **Expansion Project Information**

***Complete this section only if the project involves the expansion of an existing Kentucky facility***

Expansion of an existing facility? Yes [ ]  No [ ]

Relocation from an existing facility? Yes [ ]  No [ ]

From where?       Net loss of jobs?       No.

Additions or renovations to an existing building? Yes [ ]  No [ ]

Explain:

Present acreage       Acres Increased new acreage       Acres

Present building size       Square Feet Increased building Size       Square Feet

1. **Loan/Lease Information**

Do you own the site? Yes [ ]  No [ ]

Date of purchase       Purchase Price

Is there a mortgage? Yes [ ]  No [ ]

If yes, who holds the mortgage and what is the current balance of the mortgage?

|  |  |
| --- | --- |
| Mortgage Holder      | Current Balance      |

If you lease the site, indicate the owner of the property.

|  |
| --- |
| Property Owner      |

What are the terms of the loan/lease? *(List monthly payment, length of agreement, and any other terms)*

 a) **Existing Agreement** Payment       /month Length       months

**A. PROJECT DESCRIPTION (continued)**

T/N/M

 b) **Proposed Agreement** Payment       /month Length       months

**Option** to purchase the property? Yes [ ]  No [ ]

When does it expire?

**Contract** to purchase the property? Yes [ ]  No [ ]

1. **Narrative Description**

**Traditional**

The project description is designed to present proposed project in broad terms and then to address specific issues in detail. The applicant should provide a clear description of how the various components of the project link together to form a workable project. *(Continuation pages may be added if necessary)*

**Non-Traditional Projects**

When discussing specific issues about the proposed non-traditional economic development project, the applicant should provide the following information:

1. Describe the organization that will be providing the services including but not limited to:
2. Types of services and/or programs currently being administered by the organization
3. Experience of individuals who will be managing the operation (provide resumes)
4. Types of services that will be provided
5. Estimate the number of clients you intend to serve
6. Provide supporting documentation from local business and industry demonstrating the need for the proposed project.
7. Provide an estimate of the unmet demand within the community. Describe how this estimate was determined.
8. How quickly can your program be implemented?
9. Describe any local organizations within the county that are presently providing similar types of services or programs. How will the proposed project impact their operation?

**A. PROJECT DESCRIPTION (continued)**

T/N/M

**Microenterprise Projects**

When discussing specific issues about the proposed microenterprise economic development project, the applicant should provide the following information:

1. Describe the organization that will be providing the training and technical assistance including but not limited to:
2. Types of projects and/or programs currently being administered by the organization
3. Experience of individuals who will be administering the training (provide resumes)
4. Types of technical assistance that will be provided (i.e. marketing, business plans, financial analysis, legal forms, taxes, loan generation assistance, servicing loans, etc.)
5. Requirements, if any, which will be established to receive loan assistance
6. How many clients do you intend to serve through technical assistance? Through loans?
7. Provide evidence of support from local lending institutions showing their commitment to small business lending in the community.
8. How quickly can the plan be implemented?
9. Explain in detail what the community has previously done to provide assistance to small business.
10. Has the community established a loan review committee? If yes, please provide names and qualifications.
11. Excluding program income from a previous CDBG project, what revenue generating sources does your community currently have in place to promote economic development?
12. Proposed fee schedule for services to be provided.
13. For non-profits proposing to establish microloan revolving funds, provide details demonstrating the organization’s ability for providing and administering loans to eligible microenterprises including, but not limited to:
14. Proposed loan limits
15. Proposed loan rates and terms
16. Proposed delinquency and default rates

**A. PROJECT DESCRIPTION (continued)**

T/N/M

Project Description

|  |
| --- |
|       |

**A. PROJECT DESCRIPTION (supplemental)**

N

1. **Child Care Facility**

***Complete this section only if the proposed project is to develop a child care facility.***

Number of licensed child care facilities in the community

Number of licensed childcare slots that are available

|  |
| --- |
| **Existing in the Community** |
| 1st shift       | Weekend       |
| 2nd shift       | After school       |
| 3rd shift       | Swing shift       |

|  |
| --- |
| **Proposed Project** |
| 1st shift       | Weekend       |
| 2nd shift       | After school       |
| 3rd shift       | Swing shift       |

Please provide the charges for clients using the facility

|  |
| --- |
| **Existing in Community** |
| Daily       |
| Weekly       |

|  |
| --- |
| **Proposed This Project** |
| Daily       |
| Weekly       |

Please explain what provisions, if any will be made to assure affordability to low and moderate income clientele.

1. **ANALYSIS OF BUDGET ACTIVITIES**



1. **Narrative Description**

Thoroughly describe each **CDBG and non-CDBG** activity and how it addresses the project as stated in Section A. Include an activity number per Cost Summary.

|  |  |
| --- | --- |
| **Activity****Number** | **Budgetary Justification**(Provide detailed cost estimate for all activities) |
|       |       |

*(Continuation page may be added if necessary)*

1. **EQUIPMENT/FURNISHING ANALYSIS**

T/N

1. **Equipment List**

List all equipment to be financed with CDBG and any other funds. Identify source(s) of funds used for each purchase.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Model****Number** | **Funding****Source** | **Purchase****Price** | **Installation****Cost\*** | **Installer\*\*** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| **TOTAL** |  |  |  |  |  |

\* Indicate if installation is included in the contract(s) with equipment vendors

\*\* Will item be installed by vendor, employees, or other (specify)

**C. EQUIPMENT/FURNISHING ANALYSIS**

T/N

1. **Structural Modification Information**

Structural modifications required by CDBG financed activities? Yes [ ]  No [ ]

 If yes, identify item and explain CDBG financed modification

|  |  |  |
| --- | --- | --- |
| **Item** | **Modification** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Improvements to infrastructure (water, sewer, gas, electric) required by CDBG financed equipment? Yes [ ]  No [ ]

 If yes, identify item and explain CDBG financed improvements?

|  |  |  |
| --- | --- | --- |
| **Item** | **Improvement** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*(Continuation page may be added if necessary)*

1. **DESCRIPTION OF BENEFITING PARTIES**

T/N/M

Provide an overview of all companies, LDA’s, subrecipients, and other benefiting parties. Include information on organization, history, and proposed business plan in regard to this project.

*(Continuation page may be added if necessary)*

1. **LDA or Subrecipient Information**

|  |
| --- |
| Corporate Name/Business Name |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code      |
| Contact Person | Telephone Number      | FAX Number      |
| Federal Employer ID Number      | Kentucky Employer ID Number      |

 **Organizational Information**

Date Business Established

Date Incorporated

Type of Corporation

IRS Designation

Please provide a copy of the Articles of Incorporation for the LDA or subrecipient if applicable.

Please provide a narrative of the LDA or subrecipient.

**Revolving Fund Account**

Existing Revolving Fund Yes [ ]  No [ ]

Administered by LDA or subrecipient Yes [ ]  No [ ]

New account administered by LDA or subrecipient Yes [ ]  No [ ]

Current balance

**D. DESCRIPTION OF BENEFITING PARTIES** (continued)

T/N

1. **Company Information**

|  |
| --- |
| Corporate Name/Business Name |
| Street or P. O. Box      | City      | County      | StateKY | ZIP Code      |
| Contact Person | Telephone Number      | FAX Number      |
| Federal Employer ID Number      | Kentucky Employer ID Number      | SIC Code      |

**Organizational Information**

Date Business Established       Date Incorporated

State of Corporation       Company’s Fiscal Year End

Type of Organization

**Registered Agent**

|  |
| --- |
| Name |
| Street or P. O. Box      | City      | StateKY | ZIP Code      |

1. **Type of Business**

Briefly describe the business activity to occur as a result of this project.

1. **Other Government Assistance**

Has the applicant or any related party previously benefited or currently benefiting from any other government program? Yes [ ]  No [ ]

If yes, please indicate the program, location, amount and approximate date.

**D. DESCRIPTION OF BENEFITING PARTIES (continued)**

T/N

1. **Company Ownership**

Please identify the major owners of the company. Include all owners with 20% or more interest in the parent company; for a public company, indicate publicly traded.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone** | **Social Security Number** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

 Also, identify any affiliates and/or subsidiaries of the owner that hold over 20% of the company.

1. **Primary Bank**

|  |
| --- |
| Primary Bank |
| Street or P. O. Box      | City      | StateKY | ZIP Code      |
| Contact Person | Telephone Number      | FAX Number      |

1. **Other Lenders**

|  |
| --- |
| Other Lender |
| Street or P. O. Box      | City      | StateKY | ZIP Code      |
| Contact Person | Telephone Number      | FAX Number      |

1. **Description**

Please provide a narrative description of the company.

1. **DEMOGRAPHICS**

*Source: Use the Economic Development Desk Book*

T/N\M

1. **Current Population**

|  |  |  |
| --- | --- | --- |
|  | **City****(if applicable)** | **County** |
| **Current Population** |       |       |
| **Minority Population** |       |       |

1. **Income Information**

Per Capita Income       Median Family Income

1. **Educational Attainment**

|  |  |
| --- | --- |
| Total persons 25 years and over |       |
| Less than 9th grade |       |
| 9th to 12th grade, No Diploma |       |
| High School Graduates |       |
| Percent High School Graduate or Higher |       |

1. **Other Information**

|  |  |
| --- | --- |
| Single Headed Households |       |
| Manufacturing Employment |       |
| Number of Manufacturing Industries |       |
| Minority owned firms – African-American |       |
| Minority owned firms – Women |       |

1. **Census Information** (if applicable)

|  |  |
| --- | --- |
| Census Tract Number |       |
| Census Block Number |       |

1. Show the real property tax rate levied for      *(per $100)* City       County

year

**7. Clientele**

|  |  |
| --- | --- |
| Number of businesses to be served |       |
| Total number of employees to be served |       |

Describe the method of service

1. **EMPLOYMENT IMPACT**

T/N

1. **Job Count**

Indicate the number of people presently employed at the project, and the number of people that will be employed cumulatively at the site at the end of the first and second years after the proposed project has been completed (do not include construction workers). One permanent job shall be calculated on the basis of 2,000 hours of work per year. Attach letters of commitment from the prospective employer(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of****Employment** | **Presently On-Site** | **First Year****Cumulative** | **Second Year****Cumulative** | **Pay Scale****Range** |
| **Full Time** | **Part Time****(seasonal)** | **Full Time** | **Part Time****(seasonal)** | **Full Time** | **Part Time****(seasonal)** |
| Officials & Managers |       |       |       |       |       |       |       |
| Professional |       |       |       |       |       |       |       |
| Technicians |       |       |       |       |       |       |       |
| Sales |       |       |       |       |       |       |       |
| Office & Clerical |       |       |       |       |       |       |       |
| Craft Workers (skilled) |       |       |       |       |       |       |       |
| Operatives (semi-skilled) |       |       |       |       |       |       |       |
| Laborers (unskilled) |       |       |       |       |       |       |       |
| Service Workers |       |       |       |       |       |       |       |
| **TOTAL** |  |  |  |  |  |  |  |

1. **Number of jobs with employer sponsored healthcare benefits.**
2. **Retained Jobs**

Is any part of the project justified under retained jobs? Yes [ ]  No [ ]

If yes, a) Include survey information indicating household income status of current employees.

1. Provide substantive evidence from the participating party indicating why jobs will be eliminated.
2. **Job Descriptions**

Please provide a brief job description of each classification including a position description and pay scale range. *(Attach additional pages if necessary)*

**INSTRUCTIONS**

All applicants that have any program income or miscellaneous receipts on hand or expect to be receiving any program income or miscellaneous receipts shall complete and attach a Program Income/Miscellaneous Receipts/LDA Proceeds report as of the date of this application. The following questions must also be completed.

1. Current Program Income balance $

Amount of Program Income applied to this project $

1. Describe any delinquencies and indicate corrective action

|  |
| --- |
|       |

1. Describe the use of repayment to be earned from the proposed project

|  |
| --- |
|       |

1. Describe how repayment from previous projects will be applied to the proposed project

|  |
| --- |
|       |

1. Describe why repayment from previous grants should not be applied to this proposed project as cited in 24 CFR Part 570?

|  |
| --- |
|       |

T/N/M

1. **Project Name**       Applicant

 **SAI#**

1. Describe in a step by step manner, from raw material receiving to final product shipping, the industrial (commercial) processes performed at this facility.

|  |
| --- |
|       |

Provide applicable Standard Industrial Classification (NAIC) codes

1. **Water and/or Wastewater –** Provide the following

Server

Use Industrial [ ]  Domestic [ ]  Both [ ]

       GPD       GPD

|  |  |  |
| --- | --- | --- |
| **Service Lines** | **Size (inches)** | **Capacity (GPD)** |
| **Current** |       |       |
| **Proposed** |       |       |

|  |  |  |
| --- | --- | --- |
| **Facility Usage** | **Normal (GPD)** | **Peak (GPD)** |
| **Current** |       |       |
| **Proposed** |       |       |

1. **Process Wastewater** (Industrial by-product)

|  |  |
| --- | --- |
| **Constituent**Percentage or in milligrams per liter | **Volume** |
|       |       |
|       |       |
|       |       |

Describe treatment (pretreatment if sent to a publicly owned treatment work (POTW) – municipal wastewater treatment plant.

|  |
| --- |
|       |

Treatment by **POTW**

Name of owning entity

Kentucky Pollutant Discharge Elimination System (KPDES) number

Treatment by **Non-POTW**

# Page Two

T/N/M

Legal name of owner

Kentucky Pollutant Discharge Elimination System (KPDES) number

1. **Sanitary Wastewater** (Domestic by-product)

Treatment by **POTW**

Name of owning entity

Kentucky Pollutant Discharge Elimination System (KPDES) number

Treatment by **Non-POTW**

Legal name of owner

Kentucky Pollutant Discharge Elimination System (KPDES) number

**On-Site System**

Health department name

Permit number

1. **Storm Water** (Completion not needed for facilities with each and all NAIC codes greater than 5200)

Are any of the following materials exposed to rainwater during storage, loading, and unloading, transporting, or conveying?

 Raw Materials Yes [ ]  No [ ]

 Intermediate Product Yes [ ]  No [ ]

 Finished Product Yes [ ]  No [ ]

 By-Product Yes [ ]  No [ ]

 Waste Product (Including garbage) Yes [ ]  No [ ]

Does (is) this facility have (applying for) a KPDES stormwater permit? Yes [ ]  No[ ]

If yes, give KPDES stromwater permit number

1. **Fire Flow Requirements** (Complete for all commercial/industrial construction > 10,000 square feet)

Building       square feet Primary construction materials

Tank size       gallons Primary production materials

Line diameter

|  |  |  |
| --- | --- | --- |
|  | **Current** | **Required/Proposed** |
| **Static Pressure** |       PSI |       PSI |
| **Dynamic Pressure** |       PSI |       PSI |
| **Gallons Per Minute Flow** |       GPM |       GPM |
| **Duration Hours** |       HRS |       HRS |

1. **Contact Person** (Familiar with facility’s operation)

|  |
| --- |
| Contact Person |
| Street or P. O. Box      | City      | StateKY | ZIP Code      |
| Firm | Telephone Number      | FAX Number      |

*(Continuation page may be added if necessary)*

T

**INSTRUCTIONS**

Complete the form for all projects that will provide public improvements that will affect more than one business. Provide detail of the total number of employees projected to be assisted by the proposed activity.

1. CDBG cost per job *(complete based on this project only)*

|  |
| --- |
| CDBG funds requested $       |
| Number of jobs created       |
| Number of jobs retained       |
| Total number of jobs       |
| CDBG $ per job $       |

1. Assessment

 If the CDBG $/job exceeds $10,000, it will be necessary to complete an assessment of the total number of jobs projected to be affected by the public improvements over a one year period.

1. Identify the business(es) and/or number of businesses expected to locate in the area served.

|  |
| --- |
|       |

1. Project the total number of jobs to be created or retained as a result of the improvement.

|  |
| --- |
|       |

**Instructions**

Complete the forms for all years requested in the instructions below. If the company is using a generally accepted accounting format compatible with these forms, they may be submitted in lieu of the attached. Instructions for Schedules A through D are contained below.

*NOTE: Procedures below are for the most common program types. Should you have a project that differs from these categories, contact DLG prior to completing the financial statements.*

1. For **all** CDBG assisted projects, attach the following:

1. Balance Sheet *(Schedules A and B)*
2. Income Statement *(Schedule C)*

2. If CDBG funds are proposed for activities other than off-site infrastructure, attach the following:

1. Balance Sheet completed at conventional bank terms and at the proposed CDBG assisted level
2. Income Statement completed at conventional bank terms and at the proposed CDBG assisted level
3. Cash flow projections *(Schedule C)* completed at conventional bank terms and at the proposed CDBG assisted level
4. Assumptions used in determining the projections

3. If CDBG funds are proposed as direct assistance to a for profit company, attach the following:

1. Section 105(a)(17) Necessary Analysis *(Schedule D)*
2. Amortization Schedule of the projected CDBG loan
3. Current personal financial statements of the owner(s) or major stockholders *(20% or more of the ownership)*
4. Resumes of owners and key management
5. Complete listing of each loan that the company currently carries to include the following:
6. Date of Origin
7. Amount
8. Present balance owed
9. Interest rate
10. Monthly payments
11. Maturity date
12. Collateral
13. Is loan current or delinquent?

## Instructions - Financial Statements Schedules

The attached schedules request information that is integral to the evaluation of your grant application. The Balance Sheets (Schedules A and B) and the Income Statement (Schedule C) request historical information for the past three years (Year-3, Year-2, Year-1) with Year-1 being the most recent complete fiscal financial statements are available. The interim statement column should be completed if start-up will exceed twelve months. Note interim period directly on the form. The proforma financial information should be included in the columns to the right of the current year. Proforma projections should be reflective of the cash flow projections contained on Schedule D.

Note that two schedules are available, Schedule D-1 for User Projects and Schedule D-2 for Real Estate Projects.

Proforma financial statements are prepared for the purpose of showing the estimated effects of various assumptions. Therefore, the assumptions used in preparing the proforma information should be submitted along with the application. The assumptions requested below are not necessarily all-inclusive. Any other assumptions used by the applicant should be included. Assumptions should include:

1. Source: All estimates and assumptions derived from outside sources should be identified and the source named.

2. Sales: Any changes in sales from year to year should be explained (volume increases, price increases, etc.). The explanation for the change in sales should include the applicant's estimated market share and their major competitors.

3. Employee Increases: Number of employee increases expected over the next two years, salaries, etc.

4. Income Taxes: The income tax status of the applicant should be explained as well as any factors affecting the applicant's income tax liabilities (i.e., income tax credits, NOL carryover, etc.).

5. Lease Obligations: Should be disclosed and, if appropriate, capitalized in the financial statements.

1. Accounting Basis: Basis used for the proforma should be disclosed and consistent with the basis used in connection with historical information presented.

**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.

|  |
| --- |
|       |

 Source/Rationale

|  |
| --- |
|       |

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

|  |
| --- |
|       |

 Source/Rationale

|  |
| --- |
|       |

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

|  |
| --- |
|       |

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

|  |
| --- |
|       |

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

|  |
| --- |
|       |

 Source/Rationale

|  |
| --- |
|       |

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

|  |
| --- |
|       |

 Source/Rationale

|  |
| --- |
|       |

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

|  |
| --- |
|       |

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

|  |
| --- |
|       |

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

|  |
| --- |
|       |

 Source/Rationale

|  |
| --- |
|       |

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

|  |
| --- |
|       |

 Source/Rationale

|  |
| --- |
|       |

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

|  |
| --- |
|       |

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

|  |
| --- |
|       |

Form Approved

OMB No.2506-0043

|  |
| --- |
| 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

HUD-7089(6-78)Page 1 of 2 pages      |

|  |
| --- |
| 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.

      |
| 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.

      |
| 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