|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For DLG Use Only** |  | **SAI Number** |  | **If a Project involves Water or Sewer Activities** |
| **21D-** |  |  |  | WRIS Number |

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

|  |  |
| --- | --- |
| **FEMA DISASTER #** | **MID Area: HUD\_\_\_\_\_\_\_\_ OR STATE\_\_\_\_\_\_\_\_\_\_** |

**APPLICANT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name | | Authorized Representative | | Email Address | | | |
| Street or P. O. Box | | | City | | County | State  KY | ZIP Code + 4 |
| Telephone Number | Unique Entity ID | | | Tax ID | | | |

**JOINT-APPLICANT CHECK BOX IF A FAITH BASED ORGANIZATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name | Point of Contact | | Email Address | | | | |
| Street or P. O. Box | | City | | County | State  KY | | ZIP Code + 4 |
| Telephone Number | Fax Number | | Unique Entity ID | | | Tax ID Number | |

**SUB-APPLICANT CHECK BOX IF A FAITH BASED ORGANIZATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name | | Authorized Representative | | Email Address | | | |
| Street or P. O. Box | | | City | | County | State  KY | ZIP Code + 4 |
| Telephone Number | Unique Entity ID | | | Tax ID | | | |

**PREPARER**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | | Telephone Number | |
| Organization | E-mail Address | | | | DR-Certified Administrator  Yes  No | |
| Street or P. O. Box | City | | County | | State  KY | ZIP Code + 4 |

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

**Text

Description automatically generated**

#### 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 below and on the respective forms. **No additional pages** will be allowed **unless noted on relevant form page. Do not reference and attach reports, studies, etc. summarize in the spaces provided in application.**

**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.

The following materials constitute a complete application. Attach and number all exhibits to correspond with the appropriate section.

**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 Detailed Cost Estimate from a Professional Engineer – *(Please see page 26 as example)*

*\_\_\_­­­­* Duplication of Benefits worksheet

\_\_\_ Non-Supplanting of funds

**\_\_\_\_Implementation Plan**

Mapping Requirements

Citizen Participation - tear sheet, signed detailed public hearing minutes/handouts, sign-in sheet, and comments

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

LMI  (complete page 8) Slum\Blight  (Contact DLG) Urgent Need  (Contact DLG)

*If using LMI per survey results, be sure to attach a copy of the LMI Worksheet(s)*

[*https://kydlgweb.ky.gov/Documents/CDBG\_cities/AppendixBLMIWorksheetUpdated.xls*](https://kydlgweb.ky.gov/Documents/CDBG_cities/AppendixBLMIWorksheetUpdated.xls) *and an example of a survey form used for the 2021 project*

Certification of Area Income Eligibility

Person and Household Benefit Profiles

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

\_\_\_Project Overview – Including Project Need (pg. 14-19) and Project Effectiveness (pg. 20-25)

Housing and Community Development Needs

Title VI Form

Statement of Assurances

Documents to Attach:

Authorizing Resolution adopted by the community’s governing body

Documentation supporting Commitment of Other Funds

Kentucky State Clearinghouse Endorsement, as stated in Section III of the 2023 CDBG Program Guidelines

Letter signed by the applicant CEO stating how applicant has met threshold requirements as stated in Section III of 2023 CDBG Program Guidelines

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

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

For water or sewer line extension activities, attach evidence that water or sewer lines will serve at least a minimum average of 6 customers per mile

Division of Water written approvals, if applicable to this project

**FINANCIAL SUMMARY**

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** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Other Funds Subtotal |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
|  | | | | | |

**APPLICATION CERTIFICATION**

To the best of my knowledge and belief, information in this Form is true and correct. I also agree to comply with requirements of 24 CFR Part 58.

I also **certify**, to my knowledge and belief that the information provided in the Community Development Block Grant Application form is **identical** to the WRIS Project Profile provided via electronic submission to the Kentucky Infrastructure Authority and the eClearinghouse, and this information is true, accurate and complete.

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

Date

Name Typed

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

Signature, Chief Executive Officer

Title

Name Typed

Date

Attach a copy of the Public Facility Project Cost Summary. The Public Facility 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.

2. Enter the amount(s) of other funds (RD, ARC, KIA, etc.), 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.

3. When an activity has several components, the sum for all components should be totaled and entered on the "Total" line for the activity.

4. Subtotal all activity costs.

5. Total all project costs (CDBG, Other Funds, and Total Costs) and **Check for mathematical errors.**

**Special Notes:**

* Total engineering design and inspection services are based on total construction costs excluding contingencies. CDBG funding for engineering cannot exceed the RD fee schedule **and MUST be a not to exceed contract.** **IF** CDBG, ARC, or local funds are financing engineering costs, provide the RD scale calculations supporting costs and the engineering procurement must be pre-approved by DLG.
* All engineering costs should be included in the appropriate line item of the cost summary: 5a thru k. Engineering costs should be broken out and shown in the engineering chart at the bottom of the page.
* Public Services costs are not eligible for CDBG participation except for Recovery Kentucky projects.
* Contingencies: No CDBG funds shall be used for contingencies.
* Program Income is any money generated from CDBG projects and may be eligible for use in public facilities projects. Contact DLG for further information.
* Service lines must be shown as Rehabilitation Grant, Activity Code 4b. **If cost is greater than $1,000 per household, Section 8 income verification must be completed.** (Contact DLG)
* Do not include in-kind dollars on the Cost Summary.
* Tap fees to be collected must be included in construction line items and identified in the source column (Make sure to include tap fees on the Project Funding Summary).
* **Tap fees are not considered program income**.

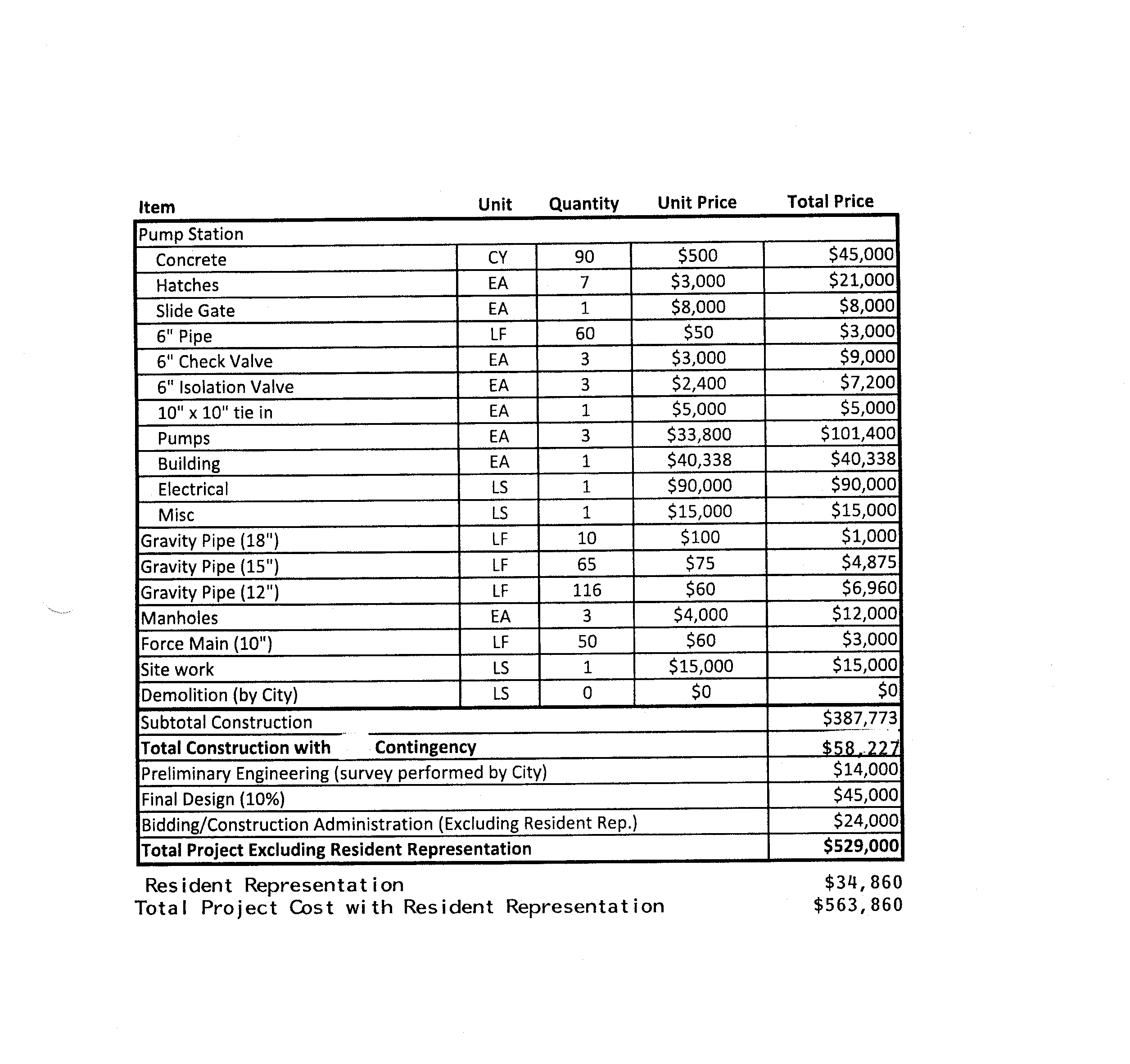
**Reminder:**  Include costs associated with the requirement for recipient to erect a project sign according to CDBG specifications.

**Insert the detailed engineers estimate behind the Cost Summary**

*(This is a* ***SAMPLE*** *and is not all inclusive)*

***CHECK MATH and AGAINST COST SUMMARY Form***

***Insert this page behind the Cost Summary***



Replace this page with the completed Infrastructure Duplication of Benefits Form and Non-Supplanting Funds Certification for this application

**Duplication of Benefits for Infrastructure Projects**

Applicants must submit two forms with their application for Duplication of Benefits (DOB) compliance:

1. Infrastructure Duplication of Benefits Form

2. Non-Supplanting Funds Certification

-Subrecipient manual - <https://kydlgweb.ky.gov/FederalGrants/16_DRP.cfm>

Both forms are available in the forms section of Chapter 10 of the CDBG-DR Subrecipient Manual

**Requirement:**

Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act prohibits any person, business, or other entity from receiving duplicative financial assistance for the same disaster recovery purpose from multiple sources of federal and other support (42 United States Code [U.S.C.] 5155(a) and (c)). Duplication occurs when a beneficiary receives assistance from multiple sources for a cumulative amount that exceeds the total need for a particular disaster recovery purpose. The amount of the duplication is the amount of assistance provided in excess of need.

Per CDBG-DR regulations, the program’s subrecipients are required to disclose all other benefits (e.g., cash, in- kind, grants, loans) received, or which will be received for the proposed project to ensure that federal funds do not duplicate funds received from other sources. The prohibition includes using funds to supplant city or county funding already budgeted for the project. Typical sources of duplicated benefits for infrastructure can include, but are not limited to, the following:

* Federal Emergency Management Agency (FEMA) Public Assistance
* FEMA Hazard Mitigation Grant Program
* FEMA National Flood Insurance Program
* FEMA Increased Cost of Compliance Benefits
* U.S. Army Corps of Engineers
* Commercial insurance
* Insurance and personal property replacement
* Forced mortgage payoffs
* Philanthropic cash assistance
* Some subsidized loans

A complete description of Duplication of Benefits can be found in the Subrecipient Manual, Chapter 10: Duplication of Benefits.

Subrecipients also cannot supplant CDBG-DR funds for municipal funding that has already been budgeted to a project.

Replace this page with the completed Implementation Plan for this application

**Implementation Plan (found on the DLG Disaster Recovery** [**Website**](https://kydlgweb.ky.gov/Documents/DRP/PISM%20Implementation%20Plan.docx)**)**

Applicants must the project implementation plan by filling out the Implementation Plan template.

**Purpose:**

Applicant entities must provide clear evidence of their ability to implement the project on time and within budget. This template must be used to describe the scope of work goals, milestones, project beneficiaries, work plan, resources, monitoring/quality controls, community partnerships, and a brief description of staff member positions and new hires regarding project-related tasks, and overall capacity.

The following elements will be described in the Implementation Plan, as applicable:

* Project Overview
* Milestones and Tasks in Chronological Order
* Staff /Anticipated New Staff Hires with Position Description
* Goals
* Partners
* Monitoring/Quality Control Mechanisms

 When complete the Implementation Plan should address the following questions:

* Does the plan accurately outline expectations?
* Does the plan provide a chronological timeline for the project's life that organizes the scope of work into milestones and tasks, how costs and the schedule will be managed, how the project will be implemented, and what techniques will be used to facilitate implementation, including strong labor standards to ensure the applicant will achieve a high-quality work product.
* Does the plan ensure resources (both human capital and financial) are in place, outlining how costs will be managed, and outline all staff (both technical and managerial) that will be needed to successfully implement this project?
* Does your plan ensure the project will be completed within three (3) years by outlining a realistic set of milestones and timeframes and specifying how the schedule will be managed?
* Does your plan outline how the project will be implemented using innovative techniques and strong labor standards to facilitate project implementation and ensure an efficient, high-quality work product with minimal delays?

Replace this page with the completed Maps for this application

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

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

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

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

* boundaries of the project area(s);
* city limits
* land to be acquired;
* floodplain area;
* drainage problem area; and
* highways and railroad lines proximate to the project area.
* water and wastewater treatment plants within the jurisdiction;
* proposed improvements including sizes/dimensions;
* sizes/dimensions of existing facilities serving the project area(s);
* test sites;
* deficient facilities; and
* each proposed line by numbering the line and providing number of customers to be served, and length of each proposed line.
* Legible detailed map legend

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

**NOTE:** Energy and Environment Cabinet (EEC) 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. Make sure the maps are legible and at least one of the application copies contains color maps.

**1. Describe the project location including the project site address, including ZIP code + 4 and county) to be eligible the project must be in the HUD or State MID area:**

*(If no address, enter address to closest physical location where work is being performed)*

|  |
| --- |
|  |

**2. Describe the project (Water Infrastructure or Sewer Infrastructure or Storm Water Infrastructure)**

|  |
| --- |
|  |

**3. How does the project benefit low- and moderate- income persons?**

|  |
| --- |
|  |

**4. How does the project respond to disaster-related impacts?**

|  |
| --- |
|  |

**5. Describe how the project meets HUD’s definition of mitigation and reduces hazard risk to people and property. What current or future risk is the project responding to? Where is this cited within the KY Action Plan Mitigation Needs Assessment?**

|  |
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|  |

**6. Risk Reduction and Resilience Effectiveness – Describe how the project will incorporate the following elements: (1) effective risk reduction, (2) effective increase in community resilience, and (3) the leveraging of innovation.**

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|  |

**7. Describe the feasibility of the project including implementation measures and Subrecipient   
 capacity.**

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**8. How does the project protect and benefits the public, especially vulnerable populations,  
 and protected classes?**

|  |
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|  |

**9. Social Vulnerability Index**

**Purpose:**

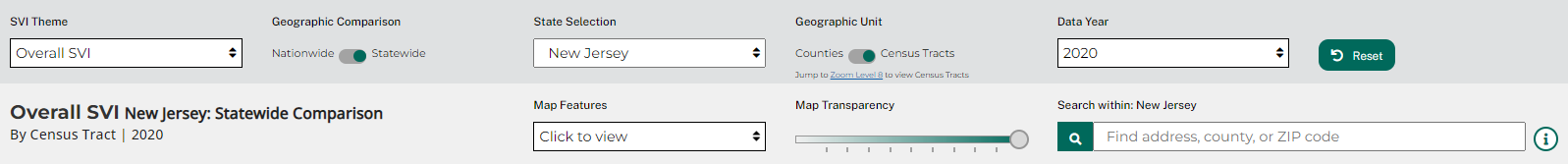
Projects with a Social Vulnerability Index (SVI) of 0.6 or higher will receive additional points in the scoring process for this Program. To document your project’s SVI, you must first determine its service area using HUD guidance to identify the specific census tracts and then look up the SVI data for that location.

1. Identify Census Tracts

The HUD website provides guidance on determining the service area and identifying the census tracts of that area. Follow the directions outlined on the HUD website here1 and use HUD’s mapping tool to determine the Census Tracts of the area that will benefit.

1. Look-up Census Tract SVI

SVI scores can be found using the Center for Disease Control’s SVI mapping tool here2. Toggle the “Geographic Comparison” field to “Statewide”. Select “Kentucky” in the “State Selection” field. Finally, toggle the “Geographic Unit” field to read “Census Tracts”. If done correctly, the mapping selection fields should look like the picture below. You can then enter the project location in the “Search within: Kentucky” field. Hover over the map to identify and select the correct census tracts. Once a census tract is selected, a SVI score will pop up. Record the SVI score in Column C.



**Instructions:**

Once the relevant area has been defined, outline the information in the table below:

1. List all applicable County Names in the Column A.
2. List all applicable Census Tracts in the Column B.
3. List all applicable SVI Scores in the Column C.

After entering all data into the table below:

1. Add all values from Column C and insert into the “Sum of all SVI Scores in Selected Area” field.
2. Count the number of census tracts identified in Column B and insert the total into the “Total Census Tracts Identified” field.
3. Finally, take the value of “Sum of all SVI Scores in Selected Area”, and divide by the value of “Total Census Tracts Identified”. Insert that value into the “Average Project SVI Score” field.

|  |  |  |  |
| --- | --- | --- | --- |
| **Social Vulnerability Index (SVI) of Project Benefit Area** | | | |
| 1. **County Name** | 1. **Census Tract** | | 1. **SVI Score** |
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| **Total Sum of all SVI Scores in Selected Areas**   *(Sum of all of Column C)* | |  | |
| **Total Census Tracts Identified**   *(Number of tracts identified in Column B)* | |  | |
| **Average Project SVI Score**  *(Divide Total Sum of all SVI Scores in Selected Areas by Total Census Tracts Identified).* | |  | |

**10. How does the project mitigate natural hazard risks to critical structures, facilities, and systems?**

|  |
| --- |
|  |

**11. How does the project incorporate nature-based solutions?**

|  |
| --- |
|  |

**12. Please describe the operations and maintenance plan when the project is complete.**

|  |
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|  |

**13. How does the project provide ancillary Benefits (Environmental, Social, and Economic)?**

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| --- |
|  |

**14. How does the project design accommodate climate change projections and future conditions?**

|  |
| --- |
|  |

**15. How does the project leverage federal, State, and local partnerships and funding sources?**

|  |
| --- |
|  |

**16. Describe community engagement activities related to the project.**

|  |
| --- |
|  |

**17. Describe how design plans and budgets demonstrate cost-effectiveness and cost-reasonableness.**

|  |
| --- |
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**18.a. Using the Project Benefit Profile by person Form, enter Cost Per Household Benefiting**

|  |
| --- |
|  |

**18.b. Use the space below to explain a Cost Per Household Benefiting that exceeds $17,000 per person.**

|  |
| --- |
|  |

**19. Describe project readiness** *(Include at minimum the status of other funds applications, engineering design, and environmental review.)*

|  |
| --- |
|  |

* 1. **Public Outreach**

1. Date of publication of notice of CDBG-DR information to the public
2. Dates accepting public feedback       -
3. Please list the channels used to publish the information.

|  |
| --- |
|  |

1. Please attach PDF of Public Notice to application.
   1. **Public Hearing Requirement**
2. Date of advertisement
3. Date of hearing
4. Dates accepting public feedback       -
5. Please list the channels used to publish the meeting notice.

|  |
| --- |
|  |

1. Please attach the following to the application:

* Public Notice of Meeting
* Meeting sign-in sheet
* Meeting minutes, including lists of signatures from attendees, agendas, and handouts
* Comments received and responses issued

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...

|  |
| --- |
|  |

**In the first column**, list each proposed CDBG-DR 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:

1. Identify source documentation for determining LMI benefit *(e.g. survey, census tract, combonation)*
2. Explain how each activity will benefit LMI individuals *(area benefit)*
3. Provide description of survey method *(if applicable)*

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

Describe how LMI information was assembled

|  |
| --- |
| Community wide  *(look up on HUD website:* [*LMSID based on 2011 – 2015 ACS*](https://www.hudexchange.info/programs/acs-low-mod-summary-data/acs-low-mod-summary-data-local-government/)*)* |
| Census tract/block area  *(list census tract numbers, attach copy of map and other documentation)* |
| Survey Area |
| Other *(describe)* |

**LMA %:**

**Please Include the Following**

1. Attach Certification of Area Income Eligibility *(if surveys were conducted)*
2. Attach [LMI Survey Worksheet](https://kydlgweb.ky.gov/Documents/CDBG_cities/AppendixBLMIWorksheetUpdated.xls) *(if surveys were conducted)*
3. Project Benefit Profile by Person [Form](https://kydlgweb.ky.gov/Documents/CDBG_cities/BenefitProfilewithBudgetInfo.xls)
4. Attach Sample Survey *(if applicable)*

***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-DR 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 PISM 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, Authorized Representative

Date

**For WATER & SEWER infrastructure projects ONLY:**

1. When were the plant and/or system that was damaged constructed?       Please list below the damages suffered during the applicable disaster.

|  |  |  |  |
| --- | --- | --- | --- |
| **List Major Damages** |  |  | **Approximate Cost** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

1. List the areas within the proposed project to be served (i.e., names of roads, communities, neighborhoods) as indicated on maps. *(Attach additional page if necessary, using same format)*

***Use the corresponding area letters as needed for questions 3, 5, and effectiveness question 12a***

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Road, Community or Neighborhood** | **Area** | **Road, Community or Neighborhood** |
| a |  | g |  |
| b |  | h |  |
| c |  | i |  |
| d |  | j |  |
| e |  | k |  |
| f |  | l |  |

1. List and briefly discuss **problems** or **sickness** within the MID area (i.e., boil water, SSO, CS, contaminated wells…) that may have occurred as a result of the disaster. Include reference to sources of documentation as listed under methodology. *(Attach additional page if necessary, using same format)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Area(s)** | **Type of Sickness or Problems** | **# of Cases** | **Documentation** |
|  |  |  |  |
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1. Discuss the amount of water loss in the water distribution system, especially percentage of loss (i.e., 30% loss).

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

If any correction is proposed, identify the percentage of water loss to be remedied.

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

1. Briefly describe areas with storage problems, pressure problems, or I & I problems and reference documentation as listed under methodology. (Examples: dates studies were conducted and conclusions, frequency and duration of pressure problems, actions taken to date to correct problems, public comments/complaints). DO NOT ATTACH STUDIES, REPORTS, DOCUMENTS ETC. SUMMARIZE them below.

|  |
| --- |
|  |

1. Briefly discuss the level of contamination in regard to the water supply or sewage problems (Include number of tests/samples taken or studies conducted, type of contamination, source, type of problem, results of the tests/samples or studies conducted, etc. If inflow and infiltration are a problem, quantify the amount and the amount of reduction expected at completion.) DO NOT ATTACH STUDIES, REPORTS, DOCUMENTS ETC. SUMMARIZE them below.

|  |
| --- |
|  |

1. Identify current sanctions and attach copy(ies)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date Imposed** | **Fines Levied to Date** | **Final Compliance Date** |
| Administrative Order |  |  |  |
| Agreed Order |  |  |  |
| Tap-on Ban |  |  |  |
| Line Extension Ban |  |  |  |
| Other *(Explain)* |  |  |  |
|  |  |  |  |

1. Additional Project Information:
2. Identify the beneficiaries’ source of raw and treated water.

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

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1. Identify the location of the sewer system outfall.

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

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1. Is there a water management or facility plan for this project?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, when was the plan last updated?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the entity that will own and maintain the proposed infrastructure.

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

1. In regard to operations and maintenance, does the responsible entity have the required number of operators?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are the operators certified at the required level?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there other maintenance issues other than those discussed under the Project Need?      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. If Project is to address, I&I has an SSES been completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, list date of completion? \_\_\_\_\_\_\_\_\_

1. **Briefly** summarize **other** needs related to this project.

|  |
| --- |
| \_ |

1. Data sources: List sources of data and documentation used to determine your needs.

***If a site visit is scheduled, these items will be reviewed***

|  |
| --- |
| \_ |

1. a. Show the number of customers to **benefit from the proposed project**.

|  |  |  |
| --- | --- | --- |
|  | **Existing Customers** | **New Customers** |
| Households |  |  |
| Other: Businesses, Churches, Schools, Industry, etc. *(Count as 1 each)* |  |  |
| Miscellaneous *(Identify)* |  |  |
|  |  |  |
| **Total Customers** |  |  |

1. Describe the method used to determine the numbers provided in 11.a. above. *(i.e., surveys, billing records, customer base, …)*

|  |
| --- |
|  |

12a. Cost of tap-on or hook-up fee

Discuss what services the fee covers

|  |
| --- |
|  |

b. What is the amount of over-income tap fees/hook-up fees you expect to collect?

(Number of over income households per LMI Worksheet (Part B, #13) x tap fees)

13. Are you providing service lines? Yes  No

*(Service lines are the lines installed from the property line to the residence.)*

If yes,

|  |  |  |
| --- | --- | --- |
| a | Number of Households |  |
| b | Estimated cost per foot |  |
| c | Average feet per household |  |
| d | How will they be paid |  |

14 a. Provide amount budgeted for acquisition.      \_\_\_\_\_\_\_\_

* 1. How were acquisition costs determined?

|  |
| --- |
|  |

c. How many easements will be required?       Time Frame

d. How many acres of property will be required?      Time Frame

15. Does PSC have jurisdiction over this project? Yes  No

If yes, what is the time frame for approval?

16. a. List the rate for **WATER** service based on 4,000 gallons: **Current**       **Proposed**

b. Average residential customer monthly water usage:       gallons

c. Date of last rate increase

d. Rate for 4,000 gallons **prior** to last rate increase

e. Rate for 4,000 gallons if project is completed without CDBG-DR funding

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

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

17. a. List the rate for **SEWER** service based on 4,000 gallons: **Current** **Proposed**

1. How is the sewer usage rate calculated *(i.e., 90% of water usage)*

|  |
| --- |
|  |

c. Date of last rate increase

d. Rate for 4,000 gallons **prior** to last rate increase

e. Rate for 4,000 gallons if project is completed without CDBG-DR funding ­­­­­­\_      \_

18. a. Are the water and sewer revenues placed in separate accounts? Yes  No

If no, briefly explain

|  |
| --- |
|  |

b. Are water revenues expended for water related activities only? Yes  No

Are sewer revenues expended for sewer related activities only? Yes  No

If no, briefly explain

|  |
| --- |
|  |

19. Briefly discuss current or proposed water purchase or sewer treatment agreements. Include the nature of arrangements and cost.

CURRENT

|  |
| --- |
|  |

PROPOSED

|  |
| --- |
|  |

b. Provide the following capacity and usage information for the water or sewer plant that serves the proposed project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Current** |  | **Proposed** |  |
| 1. | Design Capacity |  | MGD |  | MGD |
| 2. | Total existing customer usage |  | MGD |  |  |
| 3. | Total new customer usage |  |  |  | MGD |
| 4. | Total of # 2 and # 3 |  |  |  | MGD |

20. a. Specify the provisions for LMI persons included in the project. Be specific and provide the number of subsidized service lines, tap fee assistance, etc.

|  |
| --- |
|  |

b. Have you formalized a policy outlining LMI provisions stated above? Yes  No

***(Attach a copy of the draft or formalized provisions)***

21. a. For line extensions, provide the number of new customers to benefit per mile for each area. This section must correspond to areas as listed under Project Need*. (Attach additional pages if necessary, using same format)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **# of Customers**  **to be Served** | **Miles of Line** | **Customers**  **Per Mile** |
| a |  |  |  |
| b |  |  |  |
| c |  |  |  |
| d |  |  |  |
| e |  |  |  |
| f |  |  |  |
| g |  |  |  |
| h |  |  |  |
| i |  |  |  |
| j |  |  |  |
| k |  |  |  |
| l |  |  |  |

1. For those areas with less than 6 customers per mile in 12a above, provide the rationale for the economic feasibility of serving the areas.

|  |
| --- |
|  |

22. a. Provide rationale for the manner in which the proposed project will (not) address system regionalization. *(Include discussion of feasibility of connecting to the nearest distribution, collection or treatment facility)*

|  |
| --- |
|  |

b. Will the proposed project eliminate any existing water or sewer treatment facilities?

Yes  No

If yes, name each treatment facility. *(Include small package facilities)*

|  |
| --- |
|  |

23. Mandatory connection of sewer customers is required for sewer projects. Does the applicant(s) have a mandatory sewer hookup/sewage use ordinance or other method to ensure sewer hookup for new customers in place or proposed?  Yes  No  N/A

***(If yes, attach a copy****)*

24. What percentage of the households within the utilities service area/boundaries are currently served?

      %\_\_\_\_\_\_\_\_

25. What percentage of households within the utilities service area/boundaries will be served upon completion of the project?

      %\_\_\_\_\_\_\_\_\_

**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 DEVELOPMENT  INSTRUCTIONS FOR COMPLIANCE WITH TITLE VI  OF THE CIVIL RIGHTS ACT OF 1964  Title 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.  HUD-7089(6-78)  Page 2 of 2 pages  Signature, Applicant Authorized Representative |

**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-DR funds received; and

(e) It will comply with the regulations, policies, guidelines and requirements of 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-DR 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.

(q) It will use funds solely for necessary expenses related to disaster relief, long-term recovery, and mitigation in the most impacted and distressed areas for which the President declared a major disaster pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 (42 U.S.C. 5121 et seq.)

(r) It will comply with Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, generally prohibits any person, business concern, or other entity from receiving financial assistance with respect to any part of a loss resulting from a major disaster for which such person, business concern, or other entity has received financial assistance under any other program or from insurance or any other source. To comply with Section 312, applicant shall ensure that any additional funds received after DLG has conducted a duplication of benefits process are reported to DLG to update the duplication of benefits documentation.

(s) It has in effect and is following a residential antidisplacement and relocation assistance plan (RARAP) in connection with any activity assisted with CDBG–DR grant funds that fulfills the requirements of Section 104(d), 24 CFR part 42, and 24 CFR part 570, as amended by waivers and alternative requirements.

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

Signature, Authorized Representative

Name (typed or printed)

Title

Date