

# Sample Public Hearing Notice

To all interested citizens of \_\_\_\_\_ *City/County* \_\_\_\_\_, Kentucky:

The Kentucky Department of Local Government (DLG) is accepting application material under the 20\_\_ Community Development Block Grant (CDBG) Program. \_\_\_\_\_ *City/County* \_\_\_\_\_ intends to apply for assistance to

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## *Detailed Project Description*

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\_\_\_\_\_. The *City/County* will hold a public hearing prior to the submission of the application form. The public hearing will be held on *Day of Week*, *Month* \_\_\_\_\_ *Day*, 20\_\_ at *Time* \_\_\_\_\_ *am/pm* at the *Location* \_\_\_\_\_. The purpose of this hearing is to obtain views on housing and community development needs, review proposed activities, review the proposed application, and solicit public comments. Technical assistance is available to help groups representing low and moderate income persons in developing proposals.

The following information concerning the CDBG program is available for public inspection at \_\_\_\_\_ *Location* \_\_\_\_\_ during regular business hours:

- A. Amount of funds available and range of activities that may be undertaken.
- B. Estimated amounts of funds proposed to be used for activities benefiting persons of low and moderate income.
- C. Plans for minimizing displacement of persons as a result of activities associated with CDBG funds and plans for providing assistance to those persons to be actually displaced as a result of CDBG-funded activities.
- D. Records regarding the past use of CDBG funds.
- E. A summary of other important program requirements.

## **Comments on Application**

A copy of the CDBG application material will be on file at \_\_\_\_\_ *Location* \_\_\_\_\_ for citizens' review and comment during regular business hours from \_\_\_\_\_ *Month* \_\_\_\_\_ *Day*, 20\_\_ through \_\_\_\_\_ *Month* \_\_\_\_\_ *Day*, 20\_\_. Comments on the proposed application may be submitted to the attention of \_\_\_\_\_ *Mayor/County Judge* \_\_\_\_\_ until the close of business on \_\_\_\_\_ *Month* \_\_\_\_\_ *Day*, 20\_\_.

## **Non-Discrimination Clause**

The \_\_\_\_\_ *City/County* \_\_\_\_\_ does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identify, age, religion or disability. The \_\_\_\_\_ *City/County* \_\_\_\_\_ provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford individuals with disabilities an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance or services for non-English speaking residents should contact

*Name* \_\_\_\_\_ at *How to contact* \_\_\_\_\_ at least five days prior to the meeting. The TDD number for the hearing impaired is 1/800-648-6057 (*or local number if available*).

**NOTE: Americans with Disability Act (ADA) Contacts**

Department for the Blind	1/877/KYBLIND	<a href="http://www.kyblind.state.ky.us">www.kyblind.state.ky.us</a>
American Printing House	1/800/223-1839	<a href="http://www.aph.org">www.aph.org</a>
Commission for the Deaf and Hard of Hearing	1/800/372-2907	<a href="http://www.kcdhh.org">www.kcdhh.org</a>
For Interpreter Directory		<a href="http://www.hcdhh.org/access/interpdir.html">www.hcdhh.org/access/interpdir.html</a>
State Relay TDD Number	1/800/648-6057	