

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

2012 Program Year
(August 1, 2012 – July 31, 2013)
APPLICATION



A. GENERAL INFORMATION

Applicant: _____
Address: _____
City: _____ Zip Code: _____
Project Manager(s) and Title(s): _____
Telephone Number: _____
e-mail: _____
DUNS Number: _____
Federal Tax ID Number: _____
Have you applied for CDBG funds before? YES NO

If "NO," you must submit additional information about your organization, including incorporation documents, your mission statement, a detailed agency budget, and verification of non-profit status, if applicable.

B. PROJECT INFORMATION

Proposed project name: _____
Total project cost: _____ Amount of CDBG funds requested: _____
Is this project a continuation from a previous year? YES NO
Will this project be continued in subsequent years? YES NO

If the project is not fully funded, will it still move forward?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your organization receive other funds for this project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, describe:	
<p>C. PROJECT GOALS AND OBJECTIVES – THIS ACTIVITY SHOULD HAVE CLEARLY STATED GOALS AND OBJECTIVES.</p> <p>In the space below <u>(do not attach additional sheets)</u>, provide a detailed description of the proposed project goals. What is the purpose of the project? What do you want to achieve? How does it benefit City of Kent residents?</p>	

D. PROJECT DESCRIPTION - In the space below (do not attach additional sheets) provide a detailed description of the proposed project and how the funds will be used. Explain how the proposed activity(s) will accomplish the objectives described in Section C.

E. PROJECT ELIGIBILITY AND MEETING A NATIONAL OBJECTIVE

To be eligible to receive funding under the CDBG program, an activity or project must meet one of the following:

The project must primarily benefit low-to-moderate income persons. Low-to-moderate income is defined as households with incomes at 80% or less of the area median income (AMI), adjusted for family size. Household income must be documented through income verification for each household assisted;

OR

The project must primarily benefit a limited clientele that is generally presumed to be principally low-to-moderate income, which HUD defines as abused children, elderly persons, battered spouses, homeless persons, adults meeting Bureau of Census' definition of severely disabled persons, illiterate adults, persons living with AIDS, and migrant farm workers;

OR

The project is classified as an area benefit activity, which is available to benefit all the residents of a low-to-moderate income area which is primarily residential. An area is defined using census block groups, with a low-to-moderate income block group defined as one in which 51% or more of the households within the block group have a median household income of 80% or below the area median income (AMI). Area benefit activities are limited to projects involving infrastructure or public facility improvements. **NOTE:** If you are considering submitting an area benefit activity, contact Suzanne Robertson in the Community Development Department for a list of eligible block groups within the City of Kent.

Select ONE of the following:

Is this project of primary benefit to low / mod income persons? YES NO

Is this project of primary benefit to limited clientele? YES NO

Is this project an area benefit activity? YES NO

F. PROJECT BENEFICIARIES

Using the income guidelines provided, please estimate the income levels of all anticipated CDBG beneficiaries in the spaces provided below. **Please note whether the beneficiaries are individuals (I) or households (HH).**

HUD INCOME GUIDELINES – FY 2012								
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
low/moderate income (51%-80% AMI):	\$37,250	\$42,600	\$47,900	\$53,200	\$57,500	\$61,750	\$66,000	\$70,250
low income (31%-50% AMI):	\$23,300	\$26,600	\$29,950	\$33,250	\$35,950	\$38,600	\$41,250	\$43,900
extremely low income: (30% & < AMI)	\$14,000	\$16,000	\$18,000	\$19,950	\$21,550	\$23,150	\$24,750	\$26,350

Estimate # of individuals or households to be served classified as low/moderate income: _____

Estimate # of individuals or households to be served classified as low income: _____

Estimate # of individuals or households to be served classified as extremely low income: _____

Identify the **primary** beneficiaries that this project will serve. Check the appropriate category below:

- | | |
|---|--|
| <input type="checkbox"/> Low- and moderate-income in community (area benefit) | <input type="checkbox"/> Individuals with disabilities |
| <input type="checkbox"/> Elderly individuals (over age 62) | <input type="checkbox"/> Illiterate adults |
| <input type="checkbox"/> At risk and/or abused children and youth | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Battered spouses | <input type="checkbox"/> Persons living with HIV/AIDS |
| <input type="checkbox"/> Other (Explain) | |

G. PROJECT BENEFICIARIES (Cont'd)

In the space below, identify the estimated number of project beneficiaries by race and ethnicity.

	TOTAL	# Hispanic
White:	_____	_____
Black/African American:	_____	_____
Asian:	_____	_____
American Indian/Alaskan Native:	_____	_____
American Indian/Alaskan Native/White:	_____	_____
American Indian/Alaskan Native/Black:	_____	_____
Asian/White:	_____	_____
Black/African American & White:	_____	_____
Native Hawaiian/Pacific Islander:	_____	_____
Other Multi-Racial:	_____	_____

Estimate number of persons to be assisted with **new** access to service/facility: _____

Estimate number of persons to be assisted with **improved** access to service/facility: _____

THIS SECTION IS TO BE COMPLETED BY EMERGENCY SHELTER AND HOMELESS ASSISTANCE AGENCIES SEEKING ASSISTANCE FOR HOMELESS PERSONS.

Estimate the number of homeless persons to be given overnight shelter: _____

Estimate the number of **new** beds to be created in overnight shelter or emergency housing: _____

**H(1) : PROJECT BUDGET – PUBLIC SERVICE PROJECTS ONLY
(DO NOT ATTACH A DIFFERENT BUDGET)**

Personnel	Total Project Costs	CDBG Funds Request	Agency Contribution	Other Federal Funds	State Funds	* Other
Salaries:	\$	\$	\$	\$	\$	\$
Fringe Benefits:	\$	\$	\$	\$	\$	\$
Operations						
Rent/Mortgage:	\$	\$	\$	\$	\$	\$
Utilities:	\$	\$	\$	\$	\$	\$
Supplies:	\$	\$	\$	\$	\$	\$
Supportive Services:	\$	\$	\$	\$	\$	\$
Direct Aid:	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$	\$	\$

* List/Explain Other: _____

Leveraged Funds: The ratio of CDBG funds requested for this program to all additional funds is:

- 1:1
 1:2
 1:3 or more

PROJECT TIME TABLE (PUBLIC SERVICE PROJECTS ONLY)

Project Begin Date: _____ Project End Date: _____

Project Duration:

- 9 – 12 months
 12 – 15 months
 15 or more months

**H(2): PROJECT BUDGET – HOUSING REHABILITATION OR ACQUISITION
PROJECTS ONLY
(DO NOT ATTACH A DIFFERENT BUDGET)**

Rehabilitation	Total Project Costs	CDBG Funds Request	Agency Funds	Federal Funds	State Funds	* Other
Materials	\$	\$	\$	\$	\$	\$
Labor	\$	\$	\$	\$	\$	\$
Personnel-must be linked to actual implementation of project-not a % of project cost						
Salaries:	\$	\$	\$	\$	\$	\$
Fringe Benefits:	\$	\$	\$	\$	\$	\$
Acquisition						
Appraisal:	\$	\$	\$	\$	\$	\$
Legal:	\$	\$	\$	\$	\$	\$
Purchase Price:	\$	\$	\$	\$	\$	\$
Closing Costs:	\$	\$	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$	\$	\$

*List/Explain Other: _____

(Cost estimates must be substantiated with quotes from contractors, architects, market analysis, appraisal or other qualified source.)

Leveraged funds: The ratio of CDBG funds requested for this program to all additional funds is:

- 1:1
 1:2
 1:3 or more

PROJECT TIME TABLE (HOUSING REHABILITATION OR ACQUISITION ONLY)

Project Begin Date: _____ Project End Date: _____

Project Duration:

- 9 – 12 months
 12 – 15 months
 15 or more months

**H(3) : PROJECT BUDGET – INFRASTRUCTURE / PUBLIC FACILITIES PROJECTS ONLY
(DO NOT ATTACH A DIFFERENT BUDGET)**

	Total Project Costs	CDBG Funds Requested	Community Local Share	Federal Funds	State Funds	*Other
Engineering:	\$	\$	\$	\$	\$	\$
Survey:	\$	\$	\$	\$	\$	\$
Appraisal:	\$	\$	\$	\$	\$	\$
Legal:	\$	\$	\$	\$	\$	\$
Acquisition						
Purchase Price:	\$	\$	\$	\$	\$	\$
Closing Costs:	\$	\$	\$	\$	\$	\$
Development						
Relocation:	\$	\$	\$	\$	\$	\$
Environmental Review:	\$	\$	\$	\$	\$	\$
Other Project						
Materials	\$	\$	\$	\$	\$	\$
Labor:	\$	\$	\$	\$	\$	\$
* Other						
TOTALS:	\$	\$	\$	\$	\$	\$
*List/Explain Other:						
Leveraged funds: The ratio of CDBG funds requested for this program to all additional funds is:						
<input type="checkbox"/> 1:1	<input type="checkbox"/> 1:2			<input type="checkbox"/> 1:3 / +		

Infrastructure Projects:	PROJECTED BEGIN DATE	PROJECTED END DATE
Engineering/Design		
Environmental Review		
Bid Specs Prepared		
Bid Opening		
Pre-Construction Conference		
Notice to Proceed		
Project 50% Complete		
Construction Complete		
Start Date		
Completion Date		
<input type="checkbox"/> 9 – 12 months	<input type="checkbox"/> 12 – 15 months	

I. BILLING / REQUIRED REPORTING

In the space provided below, please indicate the person who will be responsible for submitting your requests for reimbursement and beneficiary reports.

Person submitting reimbursement requests:

Name and Title: _____
Telephone Number: _____
Fax Number: _____
e-mail: _____

Person submitting beneficiary reports:

Name and Title: _____
Telephone Number: _____
Fax Number: _____
e-mail: _____

J. APPLICATION AUTHORIZATION

The undersigned certifies that:

1. He/she is legally authorized to request and accept financial assistance from the City of Kent; and to the best of his/her knowledge, all representations that are part of this application are true and correct;
2. That all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and
3. Should the requested financial assistance be provided, that in execution of this project, the applicant will comply with all assurances required by federal laws which govern the Community Development Block Grant (CDBG) program and any others stipulated by the U.S. Dept. of Housing and Urban Development (HUD), and all assurances set forth in the Subrecipient Agreement signed with the City of Kent.

Name of Certifying Representative: _____
Title of Certifying Representative: _____
Signature & Date Signed _____

ADDITIONAL REQUIREMENTS AND SUBMISSION INFORMATION

- 1) Applications must be typed and fully completed.
 - 2) Complete only one budget page and associated timeline based on the nature of your project. The three (3) budget options include: public service (H1), OR housing rehabilitation/acquisition (H2), OR infrastructure (H3).
 - 3) Page 1 of the application will act as the cover sheet. Do not attach any other cover sheet.
 - 4) Please provide one (1) original and one (1) copy of the application. Faxed or electronic copies will not be accepted.
 - 5) Do not use binders or folders. Submitted applications should be stapled in the left corner or attached with a binder clip.
 - 6) Supporting documentation such as photographs, letters of support, and other information deemed appropriate may be attached, but must be limited to a maximum of five (5) pages.
- **ALL APPLICATIONS ARE DUE TO THE CITY OF KENT COMMUNITY DEVELOPMENT DEPARTMENT NO LATER THAN WEDNESDAY, FEBRUARY 22, 2012, at 4:00 P.M. LATE APPLICATIONS WILL NOT BE ACCEPTED.**
 - **ALL APPLICATIONS SHOULD BE SENT/DELIVERED TO:**
City of Kent Community Development Department
930 Overholt Road
Kent, Ohio 44240
ATTENTION: Suzanne Robertson
 - **PLEASE DIRECT ANY QUESTIONS CONCERNING THE APPLICATION OR PROJECT ELIGIBILITY TO:**
Suzanne Robertson
(330) 676-7572 or robertsons@kent-ohio.org