



**CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD)
COMMUNITY DEVELOPMENT BLOCK (CDBG) APPLICATION FORM
PART II.B - PUBLIC FACILITY / IMPROVEMENT**



PROJECT NAME: _____

Please complete Sections A through O.

A. PROJECT FUNDING REQUEST

Indicate the amount of CDBG funds your agency is requesting for the Public Facility / Improvement project. In addition to CDBG funds, indicate the amount of other funding sources that will be used for this project.

Total CDBG Funds: _____
 Applicant's funds: _____
 Other funds: _____
 CDBG Program Income: _____
Total Project Costs: _____

B. ELIGIBLE COSTS

CDBG funds will be used for which type(s) of eligible public facility / improvement costs?

- Acquisition Construction Reconstruction Installation
 Rehabilitation (including removal of architectural barriers to accessibility)

C. PROJECT NEED

What services will your project provide? Describe the need or problem your project is designed to meet and how it will address the priority need identified above. Describe how the needs were determined by citing the reference to the need as identified in CCCD's **2015-2020 Consolidated Plan**. Quantify this need, using local or regional data that confirm or describe the problem or need. How much of the need are you currently serving?

Describe the process your agency uses to a) assess community needs, b) obtain input from clients on service delivery and c) ensure the services are delivered by culturally competent staff in a culturally competent manner. How often is this completed?

D. PROJECT INFORMATION

1. Type of Project (check one):

- New (never before funded) Continuation (previously funded project)
 Note: Must show quantifiable increase in the level of service

2. Location of Project:

Street Address: _____
 City: _____ State: _____ Zip: _____

Attach project map showing the service area boundaries. Projects must be located within the County's participating jurisdiction (Refer to Section I of the application guidelines for a description of the participating jurisdiction). If your project is located within the city limits of Fayetteville, then the services provided must be accessible to all citizens of Cumberland County.

3. Describe, in detail, what you plan to construct or rehabilitate and identify how the CDBG funds will be used (indicate if any acquisition is a part of the activity).

4. Size of the project in square feet or lineal feet (if applicable). Your answer should correspond with the construction budget in Section I.

5. Identify the permits that will be required for the project as well as any land use approvals (i.e. lot line adjustment, subdivision, rezone, conditional use, etc.).

6. Describe how the project is accessible or is working toward full accessibility in terms of transportation (proximity to public facilities, schools, low and moderate income housing neighborhoods, senior retirement areas, special transportation programs, etc.).

7. If applicable, describe how the project addresses a public health and/or safety need. Attach all supporting documentation that relates to this need (documentation that supports this need, e.g. orders, letters, traffic accident counts, Department of Transportation (DOT), public safety statistics).

8. For projects serving primarily homeless persons or those at-risk of being homeless:

a. Indicate the number of units and beds that the facility will serve:

Total Number of Units: _____ Total Number of Beds: _____

b. What population(s) is your program projected to serve (check all that apply)?

Subpopulation Type	Number of Households with Single Adults Only	Number of Households with Children
<input type="checkbox"/> Chronic Homeless	_____	_____
<input type="checkbox"/> Veterans	_____	_____
<input type="checkbox"/> Youth (under 25)	_____	_____
<input type="checkbox"/> Domestic Violence	_____	_____
<input type="checkbox"/> Substance Abuse	_____	_____
<input type="checkbox"/> Domestic Violence	_____	_____
<input type="checkbox"/> Mental Illness	_____	_____
<input type="checkbox"/> HIV/AIDS	_____	_____

Other: _____

c. Will the agency use the local Homeless Management Information System (HMIS) database system to track client information and resources?

Yes No

E. NATIONAL OBJECTIVE

If applying for CDBG funds, the project must meet one of three national objectives (Refer to application guidelines for details):

1. Benefit low- and moderate-income (LMI) persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Please indicate which national objective your project/program will meet by selecting one of the three categories listed. Under the selected category, provide the information needed for that category.

Category 1: Benefit low- and moderate-income persons [570.208(a)]

Indicate how this project/program would benefit LMI persons by selecting the appropriate subcategories (LMI Limited Clientele, LMI Housing, Job Creation, or LMI Area).

a. LMI Limited Clientele

Check the one box below that supports the method of qualification that demonstrates how your proposed activity meets the Limited Clientele national objective (presumed benefit or family size and income).

- Presumed Benefit - To qualify under this subcategory, a limited clientele activity must meet one of the following tests:

Exclusively benefit a clientele who are generally *presumed by HUD to be principally L/M income persons*. The following groups are currently presumed by HUD to be made up principally of L/M income persons:

- abused children,
- elderly persons, (defined as 62 years of age and older)
- battered spouses,
- homeless persons,
- severely disabled persons
- persons living with AIDS, and
- Immigrant farm workers.

- Require *information on family size and income* so that it is evident that *at least 51%* of the clientele are persons whose family income does not exceed the L/M income limit. (This includes the case where the activity is restricted *exclusively to L/M income persons*). *Reference: §570.208(a)(2)(i)(B) and (C)*

An example of the current HUD Income Guidelines are found in the application guidelines.

b. LMI Housing:

- Single Family (household must be 100% LMI)
- Multi-Unit (at least 51% of the units must be available to LMI tenants)

c. Job Creation

- at least 51% of the jobs created must be for LMI residents

d. Low/Moderate Income Area (LMA) Benefit

There are two ways to qualify for Area Benefit. Check the box and provide the information which supports the method of qualification that demonstrates how your

proposed activity meets this national objective:

Area Benefit / Census Tract(s) \ and Block Group(s) and number of residents in Service Delivery Area. (Consult with CCCD Staff to obtain HUD formula census data.)

Census Tract / Block Group Project Information

Census Tract(s)	Block Group(s)	Total Population	Low/Mod Population	% Low Mod
Area Total				

Area Benefit / Survey of Residents in Defined Service Delivery Area

If a grantee has reason to believe that the available census data does not reflect current relative income levels in an area, or where the area does not coincide sufficiently well with census boundaries, HUD will accept information obtained by the grantee from use of a special survey of the residents of the area. The grantee must obtain HUD’s approval of the survey instrument and other methodological aspects of the survey for this purpose. HUD will approve the survey where it determines that it meets standards of statistical reliability that are comparable to that of the Decennial Census data for areas of similar size.

HUD requires documenting the following Survey Results in the Low and Moderate Income Worksheet to determine level of eligibility: Complete this table if the National Objective is determined via the Survey Instrument methodology.

	Action	Required (Assuming 95% Confidence Level)	Expected
1	Number of Families in Project Service Benefit Area		
2	Number of families interviewed (surveyed)		
3	Number of persons in the families interviewed		*
4	Number of persons in the families interviewed who are low and moderate-income persons		
5	Divide Line 4 by Line 3		
6	Multiply Line 5 by 100. This is % of LMI persons in service area	%	%

* Assuming 2.59 persons per household

Category 2: Prevention or Elimination of Slums or Blight [570.208(b)]

Slums or blight on an area basis

The designated area in which the activity occurs must meet the definition of a slum, blighted, deteriorated or deteriorating area under state or local law. Documentation must be provided (along with this application) indicating how the area meets either one of the two conditions

specified below:

- Public improvements throughout the area are in a general state of deterioration; or
- At least 25 percent of the properties throughout the area exhibit one or more of the following:
 - Physical deterioration of buildings/improvements;
 - Abandonment of properties;
 - Chronic high occupancy turnover rates or chronic high vacancy rates in commercial or industrial buildings;
 - Significant declines in property values or abnormally low property values relative to other areas in the community; or
 - Known or suspected environmental contamination.

Examples of eligible activities include: assistance to commercial or industrial businesses, public facilities or improvements, and code enforcement in a blighted neighborhood.

Slums or blight on a spot basis

These are activities that eliminate specific conditions of blight or physical decay on a spot basis and are not located in a slum or blighted area.

Examples of activities under this category are acquisition, clearance, relocation, historic preservation, remediation of environmentally contaminated properties, and building rehabilitation activities.

Rehabilitation is limited to the extent necessary to eliminate a specific condition detrimental to public health and safety.

Category 3. Meets an Urgent Need [570.208(c)]

Urgent Need

An activity designed to alleviate existing conditions that have a particular urgency. Examples include reconstruction of water and sewer lines destroyed by major catastrophes or emergencies such as floods or tornadoes.

F. ELIGIBILITY (PUBLIC FACILITY / IMPROVEMENTS)

Check the activity that you have determined your project would qualify under:

	Activity	CFR Citation	Matrix Code	Accomplishment Type (Who is Benefiting from this Project)
	Community Facilities			
<input type="checkbox"/>	Acquisition of Real Property	570.201(a)	001	People, Businesses, or Public Facilities
<input type="checkbox"/>	Senior Centers	570.201(c)	03A	Public Facilities or Jobs
<input type="checkbox"/>	Handicapped Centers	570.201(c)	03B	Public Facilities or Jobs
<input type="checkbox"/>	Homeless Facility (Not operation)	570.201(c)	03C	Public Facilities or Jobs
<input type="checkbox"/>	Youth Centers	570.201(c)	03D	Public Facilities or Jobs
<input type="checkbox"/>	Neighborhood Facilities	570.201(c)	03E	Public Facilities or Jobs
<input type="checkbox"/>	Child Care Centers	570.201(c)	03M	Public Facilities or Jobs
<input type="checkbox"/>	Fire Station/Equipment	570.201(c)	03O	Public Facilities or Jobs
<input type="checkbox"/>	Health Facilities	570.201(c)	03P	Public Facilities or Jobs
<input type="checkbox"/>	Abused and neglected Children Facilities	570.201(c)	03Q	Public Facilities or Jobs
<input type="checkbox"/>	Facilities for AIDS Patients	570.201(c)	03S	Public Facilities or Jobs
	Parks			
<input type="checkbox"/>	Parks, Recreational Facilities	570.201(c)	03F	Public Facilities or Jobs
<input type="checkbox"/>	Tree Planting	570.201(c)	03N	Public Facilities or Jobs
	Public Infrastructure			
<input type="checkbox"/>	Solid Waste Disposal Improvements	570.201(c)	03H	Public Facilities, Housing Units, or Jobs
<input type="checkbox"/>	Flood Drainage Improvements	570.201(c)	03I	Public Facilities, Housing Units, or Jobs
<input type="checkbox"/>	Water/Sewer Improvements	570.201(c)	03J	People, Housing Units, or Jobs
<input type="checkbox"/>	Street Improvements	570.201(c)	03K	People, Housing Units, or Jobs
<input type="checkbox"/>	Sidewalks	570.201(c)	03L	Housing Units or Jobs
<input type="checkbox"/>	Clearance and Demolition	570.201(d)	04	Businesses, Housing Units, Jobs, or Public Facilities
<input type="checkbox"/>	Privately Owned Utilities	570.201(l)	11	Businesses
	Rehabilitation			
<input type="checkbox"/>	Rehab: Publicly or Privately Owned Commercial/Industrial	570.202(a)	14E	Businesses or Jobs
<input type="checkbox"/>	Other (specify):			

G. PERFORMANCE MEASURES

Based on the activity selected in **Section F**, refer to the corresponding column under “Accomplishment Type” to indicate the total number that will benefit from this project after project completion. You will report for only one type of accomplishment.

- Business(es):
- Housing Units:
- Jobs Created / Retained: /
Out of the jobs created/retained, how many will have met HUD’s income guidelines (see application guidelines): low / mod jobs created/retained: /
- Organization(s):
- People:
Out of the number of people served in the project or program, how many will have met HUD’s income guidelines (see application guidelines): low / mod people served:
- Public Facilities:

H. PROPERTY DESCRIPTION

Is Right of Way acquisition involved? If so, indicate all Parcel Identification Number(s): _____

The following is required if the project involves acquisition of real property for easement for improvements to be completed that are not in a public right of way.

Parcel Identification Number: _____

Property Owner Information

Name: _____

If not an individual -- indicate Agency, Agent or Management Firm

Contact Name: _____

Address: _____

Phone No: _____

E-Mail: _____

Property size: _____

Zoning Classification: _____

List Deed Restrictions, Liens, Covenants (if applicable): _____

List Existing debt (if applicable) \$ _____

Lien Holder Name and Address: _____

Landmark designation (if applicable): _____

Please complete the following table (include information for each building located on site):

	Size (sq ft)	Year Built	Current Use	Proposed Use
Structure				

I. Construction/Rehabilitation Budget (Use this form or you may attach another form)

Project Name: _____

Date: _____

Prepared by: _____

Item No.	Description	Est. Quantity	Units*	Unit Price	Total Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31	TOTAL Construction Budget:				\$

**LS = lump sum; SY = square yards; CY = cubic yards; TN = ton; EA = each; LF = lineal feet*

J. PROPOSED PROJECT BUDGET

A. Complete the line item budget for the proposed project.

Item	CDBG Funds	Other Funds	Total Funds
Environmental Review	\$	\$	\$
Acquisition	\$	\$	\$
Appraisal(s)	\$	\$	\$
Architect/Engineer	\$	\$	\$
Right of Way Acquisition (If applicable)	\$	\$	\$
Security Document and Title Report Fees	\$	\$	\$
Construction:			
Total Construction Contract: Refer to construction budget in section I (Include Sales Tax and Construction Contingency)	\$	\$	\$
Project Management _____%	\$	\$	\$
Other:			
Real Estate Tax	\$	\$	\$
Legal	\$	\$	\$
Insurance	\$	\$	\$
Relocation	\$	\$	\$
Other: (list)	\$	\$	\$
Other: (list)	\$	\$	\$
Other: (list)	\$	\$	\$
Other: (list)	\$	\$	\$
Sub-Total	\$	\$	\$
Total Project Budget:	\$	\$	\$

Specify how you arrived at the total cost of the project. Identify the permits that will be required for the project as well as any land use approvals (i.e. lot line adjustment, subdivision, rezone, conditional use, etc.). Your answer should correspond with the construction budget in Section I.

K. FUNDING SOURCES

Complete the following table providing information on all funding sources you anticipate using for the proposed project.

Type	Source	Status*	Date of Anticipated Award Announcement	Amount
CC Community Dev.	CDBG			
State				
Other Federal				
Local				
Other				
Other				
Other				
Other				
Other				
Other				
Other				
Other				
Other				
Program Income (CDBG)				
Total				\$

*Indicate the status of the funding commitment using the following choices: 1) funding secured, 2) awaiting final approval, 3) awaiting response, 4) status unknown. Attach additional sheets if necessary.

Reduction Options -- Can your project or program be funded at a reduced level if necessary?

Yes No Minimum amount needed to make project viable: \$_____

Explain what element of your project/program would be modified to address this reduction?

Wage Requirements: Prevailing Wages/Davis-Bacon

Federal prevailing wage rates are the minimum requirement whenever CDBG funds are used for construction. Projects receiving federal funds are required to follow Davis Bacon wage rate requirements.

Describe how federal wage requirements are reflected in the project budget. Identify by name the member of the development team who will work with CCCD staff to ensure compliance with wage requirements.

L. PROJECT/PROGRAM IMPLEMENTATION SCHEDULE

Work funded with CDBG funds should not start until the environmental review has been completed; funds are released by the U.S. Department of Housing and Urban Development; and the agency is under contract with Cumberland County Community Development.

Milestones	Projected Completion Date
Environmental Review Completed by CCCD*	
Contract Executed with CCCD**	
Procure for Professional Design Services	
Design Begun	
Design Complete, Bid Specs Submitted CCCD for Review	
Right of Way Acquisition (If Applicable)	
Bid Opening	
Preconstruction Conference and Labor Standards & Section 3 Requirements Orientation Conducted by CCCD Staff	
Construction Starts	
Construction 50% Complete	
Construction Complete	
All Project Reporting Requirements Complete	
Project Closed	

**Obtain an estimate from CCCD Staff. Environmental Review will begin as soon as the applicant has been conditionally selected for funding. Environmental reviews may take approximately 60-90 days to complete unless there are pending issues or additional studies that have to be completed.*

*** Contract Start Date can only occur AFTER Environmental Review Date*

M. PROJECT TEAM

Provide the name of the consultant or staff person who will perform the following tasks. Please note that consultants paid for with CDBG funds must be selected through a competitive process and in accordance with 24 CFR Part 84 (nonprofit organizations) and 24 CFR Part 85 (local governments). If any of the tasks will be performed by a consultant, indicate who in your agency will be responsible for selecting the consultant.

1. Application Phase

Prepare and submit CDBG Grant Application:

Consultant or Agency: _____
Email: _____

Contact: _____
Phone: _____

Prepare and submit environmental review forms:

Consultant or Agency: _____
Email: _____

Contact: _____
Phone: _____

2. Agency Contracting – Contract Phase

Consultant or Agency: _____
Email: _____

Contact: _____
Phone: _____

3. Procurement – Professional Services

Prepare and submit construction bid specifications:

Consultant or Agency: _____
Email: _____

Contact: _____
Phone: _____

4. Procurement – Construction

Solicit and review construction bids:

Consultant or Agency: _____
Email: _____

Contact: _____
Phone: _____

5. Labor Standards / Davis-Bacon Requirements

Obtain Davis-Bacon payroll reports from contractors/subcontractors and submit to CCCD:

Consultant or Agency: _____
Email: _____

Contact: _____
Phone: _____

6. Section 3 Requirements

Obtain forms from contractors/subcontractors and submit to CCCD:

Consultant or Agency: _____
Email: _____

Contact: _____
Phone: _____

N. ENVIRONMENTAL REVIEW (ER)

On the date the CDBG application is submitted, the entire project is subject to the federal environmental review requirements of the National Environmental Policy Act (NEPA). Costs associated with NEPA review are the responsibility of the applicant, even if the NEPA review results in a determination that the project is not eligible for CDBG funding. Environmental review costs are eligible CDBG expenditures.

Applicants should note that projects with certain characteristics such as, but not limited to, the following may require a consultant study as part of the environmental review procedures and should budget for them accordingly and allow additional time in the project milestones for completion:

1. Are within a Federal Emergency Management Agency (FEMA) 100-year floodplain;
2. Are (or are eligible for) local, state, or federal historic or landmark registers;
3. Are located within 3,000 feet of a toxic site or solid waste landfill;
4. Have exposure to significant airport or highway noise;
5. Affect species that are listed or proposed for listing under the Endangered Species Act (ESA);
6. Involve digging in, or otherwise impacting, soil that has not been previously disturbed.

You are encouraged to consult CCCD staff prior to submitting an application to determine whether your project will require a consultant study. A portion of the funds awarded will be used to procure any required studies. Consideration for this expense should be given in the preparation of the project budget.

Environmental review of projects must be completed by CCCD staff prior to a CDBG contract being executed and prior to any work being undertaken at the site.

****Note on Choice-Limiting Activities:** From your application submittal date until the ER completion date, no “choice limiting” activities (such as property acquisition, leasing, demolition, rehabilitation, construction, and site improvements, clearing, grading, etc.) may occur. Undertaking such activities after application submittal could void the project’s eligibility.

Please thoroughly answer the following questions:

What is the current use of the site?

What are the current site natural conditions (trees, ground surface, etc.)? How developed (buildings, roads, etc.) is the site? Describe the surrounding area (commercial, residential, wooded, etc.).

Identify the nearest natural water body (stream, lake, etc.). How far, and in which direction, is it from the project site?

How much of a net increase in impervious surface (ex: concrete/asphalt) will occur (if applicable)?

Does a current storm water system exist at the project site? Please explain.

Will the project excavate or otherwise disturb soil? If so, to what depth and horizontal dimensions? Will any previously-undisturbed soil be impacted? Please explain.

Is the project located in a(n): *(check and respond to all that apply)*

- FEMA-designated floodplain? If so, does your agency have flood insurance (please provide covered items, dollar amount and duration)? *(CDBG funds may not be used for any projects located in a FEMA-designated floodway).*
- Wetland?
- Ecologically-sensitive area?
- Designated Historic area?

Toxics:

Has a *Phase I Environmental Site Assessment* (or equivalent toxics review) been completed? (These are normally completed upon property purchase.) If so, on what date?

Do any underground storage tanks (used to store oil/fuel) exist on, or adjacent to, the property? Did any exist in the past? If yes, please explain, include size of the tank(s).

What was the previous use of the property?

Identify any other environmental reviews or studies completed for this site.

Studies: [Title: _____] Date Completed: _____

Other: [Title: _____] Date Completed: _____

-Provide any pictures you have of the project site and its surrounding area to CCCD.

-Attach any site plans you have available.

If you need assistance with the Environmental Review Details section, please contact Dee Taylor at (910) 323-6112 or dtaylor@co.cumberland.nc.us

O. CERTIFICATIONS AND ACKNOWLEDGEMENTS

The undersigned hereby makes application to Cumberland County Community Development through its Public Facilities/Improvements Program Grants for funding in the amount of \$_____ for the purpose of (Describe purpose of request.) _____.

It is understood by the applicant that this is a formal application for financial assistance. The applicant also understands that Cumberland County Community Development will not be responsible for any costs incurred by the applicant in developing and submitting this application and that all applications submitted become the property of Cumberland County Community Development and a matter of public record.

The applicant believes the project can be completed within the development plan and budget set forth and certifies that the information in the exhibits and attachments is true, correct and complete to the best of the applicant's knowledge and belief. The applicant understands that any false statement in this application may disqualify the agency/provider/firm from participation in the program.

By execution of the Application, the applicant understands and agrees that Cumberland County and Community Development will conduct its own independent review and analysis of the information provided in the application, that any such review or analysis will be made for the sole and exclusive benefit and protection of Cumberland County Community Development.

It is understood and agreed by the applicant that, for the purposes of determining the terms under which a Commitment may be made, the County may require changes in the information contained herein (including attachments) or in any documentation or materials now or hereafter submitted in connection with this application. It is further understood by the applicant, that additional information may be requested in order to facilitate the decision making process.

Attest (signature)

Authorized Official (signature)

Typed Name/Title

Typed Name/Title

Date

Date