

**2018-2019-2020 Community Development Block Grant Program
PUBLIC FACILITIES APPLICATION**

Activity Name: _____

If the organization is submitting more than one application, rank them in order of importance, with one (1) being the most important. This application is ranked # _____ of _____.

Amount of CDBG funding requested: \$ _____ 2018

\$ _____ 2019

\$ _____ 2020

TOTAL REQUEST \$ _____

Organization Name: _____ DUNS #: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Contact Person and Title: _____

Please check the appropriate line:

_____ Municipality

_____ Non-Profit Entity
(501(c)(3) _____ Y _____ N)

_____ For-Profit Entity
(Tax Identification Number: _____)

Activity Location & Brief Description:

Census Tract(s) and Block Group(s)(available from CD staff) _____

Please check all of the following that apply to this activity:

| | |
|--|---|
| Primarily benefits low- and moderate-income people. | Activity conducted in partnership with other municipality(ies)/ entities. |
| Addresses/prevents slums or blight. | Meets at least one Community Development Goal & Objective. |
| Non-CDBG funds are included in the financing for the activity. | Applicant has had no projects funded through CDBG within last 3 years. |
| Continuation of an earlier project. | |

Signature of Authorized Official

Title

Date

Date of Municipal/Board Resolution approving applications(s).

Attach a copy of the resolution to the application.

National Objective

1. Please mark the box in front of the one statement that *best* describes your proposed activity (please mark only *one*) and check the statement that applies. ADA projects benefit L/M *limited clientele* (a).
2. Documentation **MUST** be supplied. If you need help with census data or maps, income surveys, or slum and blight areas or criteria, contact Housing and Community Development Division at the York County Planning Commission (771-9870). Include a street map showing the location of the activity and the area of *primary* benefit (service area).

Primarily Benefits Low- and Moderate-Income (L/M) Persons

Benefits will be available to *all residents in a particular area* where a majority of the residents are low- and moderate-income persons (L/M) (check the statement that applies, check only *one*):

The area is Census Tract(s) _____, Block Group(s) _____ that is

_____ **Percent L/M** (*min. 42.53%*); OR

An income survey has been conducted and the area is _____ **Percent L/M** (*min. 51%*); OR

The area needs to be surveyed, but we believe that it is L/M because (provide rationale):

Benefits will be available to a *limited clientele*, a majority of whom (at least 51%) are L/M (check the letter that applies, check only *one*):

Evidence that the clientele benefitting from the activity is presumed to be L/M; OR

Describe inherent eligibility requirements which limit the activity exclusively to L/M persons; OR

Describe how the nature of the proposed activity, in combination with the project location, will primarily benefit L/M persons; OR

Describe how income eligibility requirements will be documented with verification of family size and income.

Addresses Conditions Resulting in Slum and Blight

Activity will address *slums or blight on an area basis*.

Provide official designation of the area as a slum or blighted area under state or local law with a description of the boundaries OR documentation showing a substantial portion of deteriorated buildings and/or infrastructure in the area; AND

Describe how the proposed activity will address one or more of the conditions that contributed to the area's deterioration.

Activity will address *slums or blight on a spot basis*.

Documentation showing the existence of deteriorated buildings and/or infrastructure; AND

Description of the specific condition(s) of blight and physical decay *and* how the activity addresses the condition(s).

Housing

Activity will be carried out for the purpose of providing or improving *permanent residential structures*, which, upon completion, will be occupied by low- and moderate-income households.

Description of how income eligibility requirements will be documented with verification of family size and income.

Economic Development

Activity is designed to *create or retain permanent jobs* where a majority of the jobs (at least 51%), computed on a full-time equivalent basis, involve the employment of L/M persons.

Description of how the nature of the proposed activity, in combination with the project location, will primarily benefit low- and moderate-income people; OR

Description of how income eligibility requirements will be documented with verification of family size and income.

Activity Budget

1. **Provide the financial data described below.** *When preparing this data:*
 - a. Use the best information available. If the activity is approved for funding, details will be requested.
 - b. Federal prevailing wage rates will apply to activities estimated over \$2,000.00.
 - c. For multi-year, phased activities, please complete the table for each phase as well as the summary table.

Phase 1 or Single Year Project Estimated Cost

| | |
|--|-----------|
| Architectural/Engineering | \$ |
| Acquisition of Property/Right of Ways/Easements | \$ |
| Construction/Demolition | \$ |
| Other: | \$ \$ |
| Phase 1/Single Year Activity TOTAL ESTIMATE | |
| | \$ |

Phase 2 Estimated Cost

| | |
|---|-----------|
| Architectural/Engineering | \$ |
| Acquisition of Property/Right of Ways/Easements | \$ |
| Construction/Demolition | \$ |
| Other: | \$ \$ |
| Phase 2 TOTAL ESTIMATE | |
| | \$ |

Phase 3 Estimated Cost

| | |
|---|-----------|
| Architectural/Engineering | \$ |
| Acquisition of Property/Right of Ways/Easements | \$ |
| Construction/Demolition | \$ |
| Other: | \$ \$ |
| Phase 3 TOTAL ESTIMATE | |
| | \$ |

SUMMARY of Phases Estimated Cost

| | |
|---|-----------|
| Architectural/Engineering | \$ |
| Acquisition of Property/Right of Ways/Easements | \$ |
| Construction/Demolition | \$ |
| Other: | \$ \$ |
| SUMMARY of Phases TOTAL ESTIMATE | |
| | \$ |

Sources of Funds

Source of Funds Table: List all sources of other funding sought for this activity in the following table (e.g. financing, PA DEP & DCED funds, local funds, etc.):

| Source of Funds <i>Sources of Funds</i> tables for additional years may be attached, if necessary. | Amount | Work Item to be Accomplished with Funds | Status* (Select One) | Contingent upon CDBG Funding? |
|---|--------|---|------------------------------|-------------------------------|
| 1. | \$ | | Secured Pending Denied | YES NO |
| 2. | \$ | | Secured Pending Denied | YES NO |
| 3. | \$ | | Secured Pending Denied | YES NO |
| 4. | \$ | | Secured Pending Denied | YES NO |
| TOTAL | | \$ | | |

* If secured, attach confirmation letter (unless local funds). If denied, attach denial letter stating the name of the source, the date funds were sought, and the reason for the denial.

If no other funding sources are involved in this activity, please explain why:

Total funding sources (including CDBG request):

| | <u>Phase 1/Single Year</u> | <u>Phase 2</u> | <u>Phase 3</u> |
|---|----------------------------|----------------|----------------|
| Total other sources (from table above) | \$ _____ | \$ _____ | \$ _____ |
| CDBG Funds Requested | \$ _____ | \$ _____ | \$ _____ |
| TOTAL All Sources | \$ _____ | \$ _____ | \$ _____ |

SUMMARY OF ALL SOURCES FOR ALL Years \$ _____

Note: Summary must match the "Summary of Phases Total Estimate" line on the previous page.

Activity Narrative (please continue on attached sheets, if necessary)

1. **Describe the proposed activity:** Where is it located (attach a street map); is it a new facility or an improvement to an existing facility, quantify the anticipated number of beneficiaries, describe the service area (the area where the *primary* beneficiaries are located)(attach a street map).

2. Is the activity a **continuation of an earlier activity**?

3. Is the activity being undertaken in **partnership** with another municipality/entity? Please describe:

4. Describe the **need for the activity**. Clearly and concisely state the problem, what caused it, and who is affected by it. Describe the urgency and severity of the need (health/safety, public facility, lack of essential services, etc.). Attach surveys, photographs, reports, etc.

5. Describe **how the activity addresses the need** described above.

6. **Cite the Community Development Priority Need, Goal and Objective** listed on pages 5, 6, and 7 of the "General Information" which this activity *best* addresses:

7. **Describe how the proposed activity** addresses this Community Development Priority Need, Goal and Objective: