



Departmental Use Only

Dave Received:

Received By:

HIGHLAND COUNTY COMMUNITY DEVELOPMENT ALLOCATION PROGRAM

PY16 Application

Note: Please submit a Separate Application and Site Photos (If Applicable) Per Project

SECTION I: APPLICANT INFORMATION

Applicant: _____ Project Title: _____

Contact Person: _____ Title: _____

Address: _____

Phone 1: _____ Phone 2: _____

Fax: _____ E-mail: _____

SECTION II: PROJECT DESCRIPTION

Select the national objective for which the activity is qualified. For assistance, refer to the U.S. Department of Housing and Urban Development (HUD) "Guide to National Objectives and Eligible Activities for State CDBG Programs," which can be found at http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_16362.pdf.

A. ***NATIONAL OBJECTIVE*** (select one)

- | | |
|---|----------------------------|
| <input type="checkbox"/> Benefits low and moderate income people: Area Benefit | Complete Section III – A-1 |
| <input type="checkbox"/> Benefits low and moderate income people: Limited Clientele | Complete Section III – A-2 |
| <input type="checkbox"/> Eliminates slum and blight | Complete Section III – B |
| <input type="checkbox"/> Corrects an urgent need | Complete Section III – C |

A complete list of all acceptable activity types is available at http://development.ohio.gov/cs/cs_cdbg.htm; select "Data" from the website sidebar menu. The document is entitled "Complete List of All Activity Names with Outcome Measurement Names."

B. ***ACTIVITY TYPE*** (select one)

- | | |
|--|-------------------------|
| <input type="checkbox"/> Housing Project | Complete Section VI – A |
| <input type="checkbox"/> Public Facility Project | Complete Section VI – B |
| <input type="checkbox"/> Public Service Project | Complete Section VI – C |

- C. **Urgent Need** – Please provide a narrative for each question.
1. What is the condition that is causing a threat to the health and welfare of the community?
 2. When did this condition occur?
 3. From what sources did the community seek to address this problem?

SECTION IV: PROJECT LOCATION

A. Address: _____
 City: _____ Zip: _____
 Jurisdiction: _____

B. Census: Tract: _____ Block Group: _____

C. Base Maps: Attach 2 separate maps, clearly indicating the following:

- Location of the project
- Service area of the project (**must identify specific portion of jurisdiction that will benefit from proposed activity**)

How was project’s service area boundaries determined? _____

Why are individuals inside the boundaries considered primary beneficiaries? _____

Why are individuals outside the boundaries not considered primary beneficiaries? _____

D. Latitude Identify the latitude and longitude of the project. If the project has a
 And large target area (public service, etc.) a central point should be selected.
 Longitude: Use decimal degree format (41.154461, -80.618216).

SECTION V: BUDGET

A. **GENERAL**

- Original cost estimate is required as an Attachment.
- Estimate must be itemized and prepared by a third party, and signed by a qualified source. (i.e. engineer, architect, county engineer, etc.)
- Any project above \$2,000 must adhere to Federal Prevailing Wages.
- Local funding match must include a Resolution / Ordinance of financial commitment.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Prevailing wages have been included in the estimate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Architectural / Engineering fees are included in the estimate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Estimate provided is valid for what time period? | _____ | |

B. FUNDING

**COMMUNITY
DEVELOPMENT
ALLOCATION**

\$ _____

Local \$ _____

Other * \$ _____

TOTAL PROJECT COST: \$ _____ ***Round to nearest \$100**

* Explain any additional resources which have been applied for and the status.

SECTION VI: PROJECT DEVELOPMENT

A. HOUSING PROJECT

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you own the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does this project involve real property acquisition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will this project cause the relocation of residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How many households will directly benefit from this project? _____ | | |
| 5. Who will be responsible for the maintenance of this project upon completion? | _____ | |

B. PUBLIC FACILITY PROJECT

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does this project involve real property acquisition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will this project cause the relocation of residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has engineering been completed on this project? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will this project result in assessments to residents? _____ | | |
| 5. How many households will directly benefit from this project? _____ | | |
| 6. Who will be responsible for the maintenance of this project upon completion? | _____ | |

7. Are there any current situations that may affect the timing of this project?

C. PUBLIC SERVICE PROJECT

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is this project a continuation of an existing service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is this project an expansion of an existing service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this service is not currently provided,
are there sufficient staff to implement this service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has CDBG funding been received previously to provide this service?
If yes, when? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

5. How many people will directly benefit from this service? _____

SECTION VII: ENDORSEMENT

I, the undersigned, as Chief Executive Officer/Official Representative of the Applicant, hereby acknowledge that if a Community Development Allocation grant is awarded to the Applicant, the grant amount will be the limit of participation from the Board of Commissioners of Highland County.

I also hereby certify that the information contained in this application is true and accurate to the best of my knowledge.

Name

Title

Signature

Date

Municipalities:

Each application from a municipality must contain a copy of a resolution from the Board of Trustees or Village / City Council endorsing the submission of the project application, stating the amount of the grant request in the application, and the amount to be contributed by the municipality for the project.

Not-For-Profit Organizations:

Each application from a not-for-profit organization must contain a resolution from the organization's Board of Directors endorsing the submission of the application, stating the amount of the grant request in the application, and stating the amount to be contributed by the organization.

A SEPARATE RESOLUTION IS REQUIRED FOR EACH APPLICATION

APPLICATION DEADLINE:

Friday, May 6, 2016 by 4:00 P.M.

Submit 1 original to:

Highland County Commissioners
119 Governor Foraker Place, Suite 211
Hillsboro, Ohio 45133