

**COMMUNITY DEVELOPMENT BLOCK GRANT  
Capital, Infrastructure and Facility Improvement Project Application -  
2010 Program Year  
(January 1st - December 31st, 2010)  
Applications must be TYPED and fully completed**



**COUNTY OF SUMMIT  
THE HIGH POINT OF OHIO  
RUSSELL M. PRY, EXECUTIVE**

**A. GENERAL INFORMATION- Construction, capital and/or facility community improvement projects include construction or rehabilitation of public facilities, parks, roads, water and sewer facilities; acquisition of real property for eligible public purposes; historic preservation, demolition and clearance of deteriorated buildings; removal of non-residential architectural barriers; and blight abatement. (5 pts Complete for all Projects) FAILURE TO COMPLETE WILL RESULT IN A LOSS OF 5 POINTS.**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Project Manager) and Title: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 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 (5 pts - Complete for all Projects)**

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  
 The project will be completed in (Check only one):  
 12 months or less (5 pts)  12 - 18 months (3 pts)  More than 18 months (-5pts)  
 If the project is not fully funded, will it still move forward?  YES  NO  
 Does your organization or community receive other County funds?  YES  NO  
 If YES, please list other funding sources: \_\_\_\_\_

---

---

**C. PROJECT DESCRIPTION (Attach additional sheets if needed) (10 pts - Complete for all Projects)**

In the space below provide:

1. a detailed description of the proposed project, and
2. how the funds will be used to benefit low-to-moderate income residents, and
3. provide statistics to demonstrate the need for the project, and
4. how the project will improve the current condition.

**D. PROJECT GOALS AND OBJECTIVES – The Activity Should Have Clearly Stated Goals And Objectives. \*Do not attach additional sheets (15 pts - Complete for all Projects)**

Which consolidated Plan Goal and Priority does this project/activity meet? (For example, Goal 1, Priority H-1) A complete listing of Con Plan goals and priorities and Summit 2010 goals and priorities is available at: <http://www.co.summit.oh.us/executive/blkgrant.htm>

1. Is the Consolidated Plan Priority? (check the appropriate box)

High (10 pts)                       Medium (5 pts)                       Low (0 pts)

Project does not meet any of the goals/priorities listed (-10 pts)

2. Identify the Summit 2010 Goal this project meets (5 pts): \_\_\_\_\_

---

---

---

---

3. Identify the Summit 2010 Priority Indicator this project meets: \_\_\_\_\_

---

---

---

---

**E. CITIZEN INPUT/PARTICIPATION (10 pts - Complete for all Projects)**

Please explain how citizen input and participation was used in determining the need for the project. Attach copies of notices for public hearings, copy of the advertisement, legislation, attendance list and the citizen participation summary.

---

---

---

---

---

---

---

---

**F. PROJECT ELIGIBILITY : MEETING NATIONAL OBJECTIVES (10 pts - Complete for all Projects)**

To be eligible to receive funding, the project must meet one of the following National Objectives: Please select one objective under which this project is eligible:

- Primary benefit to low and moderate income persons (10 pts – Continue to Section G)
- Activity that will aid in the prevention/elimination of slum/blight (7 pts – Skip G, Complete Section J)



**I. LIMITED CLIENTELE ACTIVITIES (7 pts - Complete, then go to Section M for Infrastructure Projects; for Non-Infrastructure Projects, go to Section N)**

Estimate the number of individuals served by this project: \_\_\_\_\_

How many of the individuals identified above are low-to-moderate income: \_\_\_\_\_

Estimate the number of households served by this project: \_\_\_\_\_

How many of the households identified above are low-to-moderate income: \_\_\_\_\_

Identify the source of the estimate (ex: Census) \_\_\_\_\_

**Attach the reference material demonstrating number to be served.**

Information may be found at <http://censtats.census.gov/pub/Profiles.shtml>

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

- |   |  |
|---|--|
| <input type="checkbox"/> Low and/or moderate income community     | <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)                          |  |

**Using census information, identify the estimated number of project beneficiaries by race and ethnicity in the spaces provided. (Each category in addition to "White" is worth 1 bonus point – Must be documented)**

	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 to be assisted with new access to a facility or infrastructure: \_\_\_\_\_

Estimate number to be assisted with improved access to a facility or infrastructure: \_\_\_\_\_

Estimate number to be assisted with an activity that will be used to meet a quality standard or measurably improved quality: \_\_\_\_\_

**J. ACTIVITIES THAT AID IN THE PREVENTION/ELIMINATION OF SLUM AND BLIGHT  
OBJECTIVE (Attach additional sheets if needed) (5 pts)**

In the space below, **describe the designation and boundaries for the slum and blight area in detail.** Attach the resolution that has been passed by the council or trustees of the community **(the local resolution must accompany this application.)** The project must be based on the State's definition of "slum and blight," as described in the Ohio Revised Code, Section 725.01. **Describe how this activity will address one or more of the slum and blight qualifying conditions** (see *Guide to Eligible Activities*).

**Activities must be limited to:** historic preservation, acquisition, clearance, relocation or rehabilitation of buildings, but only to the extent necessary to eliminate specific conditions detrimental to public health and safety (i.e. historic preservation of a public facility, demolition of a vacant building, and elimination of conditions which are detrimental to all potential occupants.)

If you checked an activity that will aid in the prevention/elimination of slum and blight as the objective of your project, please check which of the following best describes your activity:

Historic Preservation  
**(Continue to Section K)**

Acquisition, Clearance, Relocation or Rehabilitation  
**(Skip to Section L)**

**K. COMPLETE FOR HISTORIC PRESERVATION PROJECTS (3 pts - Complete, then go to Section N)**

Check whether the property is:  Commercial  Residential

Is the property occupied?  YES  NO

When was the property built? \_\_\_\_\_

Is the property on the historic register or a potentially historic property?  YES  NO

If yes, have you contacted the State Historic Preservation Office (SHPO)?  YES\*  NO

**\*If you answered "YES", please provide copies of SHPO correspondence/clearance.**

**Information about historic preservation requirements and a listing of historic properties can be found on the following websites:**

- The National Register of Historic Places website is <http://www.cr.nps.gov/nr>
- The State Historic Preservation Office (SHPO) is <http://www.ohiohistory.org/resource/histpres>

**If you are applying for a historic preservation activity, the following information must be included as part of your application.**

1. Identification of properties already listed in the National Register of Historic Places
2. Identification of properties that are eligible for listing in the National Register of Historic Places,
3. Photographs keyed to a map (do not submit photocopies). Photos should show the front, rear, and sides of the properties, the area surrounding the properties, and interiors, when part of the project.
4. Also provide photos of the subject property taken from a sufficient distance to provide context.
5. Include maps showing the exact location of properties and the project area.
6. If the project is rehabilitation, new construction, or addition, and it may affect a historic property, also submit (1) rehabilitation specifications and (2) drawings, if available.

**L. THIS SECTION IS TO BE COMPLETED FOR ACQUISITION, CLEARANCE, RELOCATION AND REHABILITATION PROJECTS (5 pts - Complete, then go to Section L.1)**

For information on the Uniform Relocation Requirements please visit:

<http://www.hud.gov/offices/cpd/affordablehousing/training/web/relocation/overview.cfm>

Are relocation costs included in the proposed budget? YES  NO

Will displacement of occupants occur? YES  NO

If displacement will occur, have occupants been notified? YES  \* NO

**\*If You answered "YES," attach copies of the notifications**

Do you have a relocation plan? YES  NO

Will you be coordinating the relocation or hiring a consultant? YES  NO

**L - 1. Please Complete the following Relocation Budget**

Contact Summit County Department of Community and Economic Development for questions regarding Uniform Relocation Act requirements **(5 pts - Complete, then go to Section M for Infrastructure Projects; for all others, go to Section N)**

Relocation Costs	Total Project Costs	CDBG Funds Requested	Community Local Share	Federal Funds	State Funds	* Other
Purchase Price:	\$	\$	\$	\$	\$	\$
Closing Costs:	\$	\$	\$	\$	\$	\$
Mortgage Interest Differential Costs	\$	\$	\$	\$	\$	\$
Price Differential Payment	\$	\$	\$	\$	\$	\$
Moving Costs	\$	\$	\$	\$	\$	\$
Utility Reconnection	\$	\$	\$	\$	\$	\$
*List/Explain Other:						

**This project involves (Check one):**

- Acquisition, repair, improvement, reconstruction or rehabilitation of public facilities and improvements (other than buildings) where the facilities and improvements ARE in place AND will be retained in the same use without change in size or capacity of more than 20 percent (e.g. replacement of water or sewer lines, reconstruction of curbs and sidewalks, repaving of streets).
- Acquisition, repair, improvement, reconstruction or rehabilitation of public facilities and improvements (other than buildings) where the facilities and improvements are in place and will be retained in the same use, BUT the size or capacity will increase by more than 20 percent
- Acquisition, repair, improvement, reconstruction or rehabilitation of public facilities, and improvements (other than buildings) where the facilities ARE NOT in place.

**M. THIS SECTION IS TO BE COMPLETED FOR INFRASTRUCTURE PROJECTS –**

**Page 11 must be completed, signed and stamped by a registered Professional Engineer. A copy of the community's capital improvement program must be attached. (5 pts - Complete, then go to Section N)**

**Select the project type:**

**Bridge**

- New or total reconstruction (50 yrs)
- Deck replacement (25 yrs)

**Underground Piping**

- New water or sewer pipes (50 yrs)
- Insituform lining (35 yrs)
- Corrugated pipe (20 yrs)

**Road**

- Total reconstruction including base (40 yrs)
- Recycling (9" min. base) plus resurfacing (20 yrs)
- Underdrains, curbs (40 yrs)
- Sidewalks (20 yrs)
- Traffic signals (30 yrs)
- Road resurfacing or re-ditching (10 yrs)
- Resurfacing (10 yrs)

**Water/Wastewater**

- Plant structure (50 yrs)
- Plant internal equipment (25 yrs)
- Pump station and internal equipment (25 yrs)

**What is the age of the current infrastructure?** This refers to the time since the last like repair. For example, if a road is to be reconstructed, the age would be to when the road was originally built or reconstructed. If the road were to be resurfaced, the age would be to when the existing road surface was installed. (check the appropriate box)

- More than 40 yrs
- 20- 40 yrs
- Less than 20 yrs

**What is the condition of the Infrastructure?**

- Critical:** Infrastructure is not functioning as originally intended or is not functioning at all and will require significant upgrade to meet the design standards. (5 pts)
- Poor:** Infrastructure contains a major deficiency and will require repair to continue functioning as originally intended and/or upgrade to meet current design standards. (4 pts)
- Fair:** Infrastructure still functioning as intended, but may require some minor repairs and/or upgrading to meet current design standards. (3 pts)
- Good:** Infrastructure is still functioning as originally intended, but may require some minor repairs and/or upgrading to meet current design standards. (1 pt)

**This project involves (Check one):**

- Acquisition, repair, improvement, reconstruction or rehabilitation of public facilities and improvements (other than buildings) where the facilities and improvements ARE in place AND will be retained in the same use without change in size or capacity of more than 20 percent (e.g. replacement of water or sewer lines, reconstruction of curbs and sidewalks, repaving of streets).
- Acquisition, repair, improvement, reconstruction or rehabilitation of public facilities and improvements (other than buildings) where the facilities and improvements are in place and will be retained in the same use, BUT the size or capacity will increase by more than 20 percent
- Acquisition, repair, improvement, reconstruction or rehabilitation of public facilities and improvements (other than buildings) where the facilities ARE NOT in place.

Professional Engineer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**N. PROJECT BUDGET** – (This page must be completed, signed and stamped by a registered, Professional Engineer for infrastructure projects.) All cost estimates must be documented with quotes, engineer/architect estimates or other qualified source. Attach award letters and letters of commitment for all funds leveraged. No points will be awarded for leveraged funds without commitment letters or substantiated cost estimates. **(10 pts - Complete for all projects)**

	Total Project Costs	CDBG Funds Requested	Community Local Share	Federal Funds	State Funds	*Other
Engineering:	\$	\$	\$	\$	\$	\$
Survey:	\$	\$	\$	\$	\$	\$
Appraisal:	\$	\$	\$	\$	\$	\$
Legal:	\$	\$	\$	\$	\$	\$
<b>Acquisition</b>						
Purchase Price:	\$	\$	\$	\$	\$	\$
Closing Costs:	\$	\$	\$	\$	\$	\$
<b>Development</b>						
Relocation:	\$	\$	\$	\$	\$	\$
Environmental Review:	\$	\$	\$	\$	\$	\$
<b>Other Project</b>						
Materials	\$	\$	\$	\$	\$	\$
Labor:	\$	\$	\$	\$	\$	\$
<b>Administration</b>						
Supplies:	\$	\$	\$	\$	\$	\$
Postage:	\$	\$	\$	\$	\$	\$
Printing:	\$	\$	\$	\$	\$	\$
Travel:	\$	\$	\$	\$	\$	\$
* Other						
<b>TOTALS:</b>	\$	\$	\$	\$	\$	\$

\*List/Explain Other: \_\_\_\_\_

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

1:1 (5pts)
  1:2 (10 pts)
  1:3 / + (15 pts)

Professional Engineer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**O. FEDERAL PREVAILING WAGES** - Please contact the County of Summit Department of Community and Economic Development for prevailing wage requirements **(5 pts - Complete for all projects)** **FAILURE TO COMPLETE WILL RESULT IN A DEDUCTION OF 5 POINTS**

Check which Federal Prevailing Wage the cost estimates are based on.

- Heavy                       Highway                       Building                       Residential

**P. SPECIAL ASSESSMENTS** - **For infrastructure projects this information must be completed, signed and stamped by a registered Professional Engineer. FAILURE TO COMPLETE WILL RESULT IN A DEDUCTION OF 5 PTS.**

List all assessments required for the project and resident fees (if applicable).

---

---

---

---

---

---

---

---

**Q. PROJECT TIME TABLE** For infrastructure projects this information must be completed, signed and stamped by a registered Professional Engineer. **(5 pts - Complete for all projects)**

<u>Infrastructure Projects:</u>	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	_____	_____
<b><u>Acquisition Projects:</u></b>		
Environmental Review	_____	_____
Purchase and Sale Agreement	_____	_____
Appraisal	_____	_____
Building Inspection	_____	_____
Hazardous Material Assessment	_____	_____
Closing	_____	_____
<b><u>All Other Projects:</u></b>		
Start Date	_____	
Completion Date	_____	
<input type="checkbox"/> 9 – 12 months <b>(5 pts.)</b>	<input type="checkbox"/> 12 – 15 months <b>(3 pts.)</b>	<input type="checkbox"/> 15 or more months <b>(1 pt.)</b>
Professional Engineer's Signature	_____	
Date	_____	
Print Name	_____	

<b>R. ECONOMIC DEVELOPMENT ACTIVITIES (Complete ONLY if your project will result in an activity that promotes economic development, such as slum/blight removal for the purposes of a facility expansion that will result in additional jobs for low/mod income individuals, or infrastructure that will promote the development, expansion or retention of low/mod jobs.)</b>		
<b>REMEMBER TO ATTACH SUPPORTING DOCUMENTATION</b>		
What is the proximity of project to a Low Mod Block Group? <b>(Choose one)</b>		Block Group #
<ul style="list-style-type: none"> <li>▪ Is project site located within a Low Mod Block Group? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ Is project site located within ½ mile of Low Mod Block Group? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ Is project site located more than ½ mile from Low Mod Block Group? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> </ul>		_____
How many jobs will be created or retained? <b>(Choose one)</b>		Estimated #
<ul style="list-style-type: none"> <li>▪ 200 or more jobs created/retained <input type="checkbox"/></li> <li>▪ 100 to less than 200 jobs created/retained <input type="checkbox"/></li> <li>▪ 50 to less than 100 jobs created/retained <input type="checkbox"/></li> <li>▪ Less than 50 jobs created/retained <input type="checkbox"/></li> </ul>		_____
How many Jobs will be created or retained per \$35,000 of CDBG Funds? <b>(Choose one)</b>		Estimated #
<ul style="list-style-type: none"> <li>▪ More than 20 jobs per \$35,000 CDBG subsidy <input type="checkbox"/></li> <li>▪ 10 to less than 20 jobs per \$35,000 CDBG subsidy <input type="checkbox"/></li> <li>▪ Less than 10 but more than 1 job per \$35,000 CDBG subsidy <input type="checkbox"/></li> </ul>		_____
What is the average salary of all jobs created/retained? <b>(Choose all that apply)</b>		# of Jobs
<ul style="list-style-type: none"> <li>▪ \$60,000 or greater average salary (Professional) <input type="checkbox"/></li> <li>▪ \$45,000 to less than \$60,000 salary (Technical) <input type="checkbox"/></li> <li>▪ \$35,000 to less than \$45,000 average salary (Skilled) <input type="checkbox"/></li> <li>▪ \$25,000 to less than \$35,000 average salary (Semi-skilled) <input type="checkbox"/></li> <li>▪ Less than \$25,000 average salary (Unskilled) <input type="checkbox"/></li> </ul>		_____
When will you be ready to proceed with this project? <b>(Choose one)</b>		
<ul style="list-style-type: none"> <li>▪ Within 6 months <input type="checkbox"/></li> <li>▪ Within 6 – 12 months <input type="checkbox"/></li> <li>▪ Greater than 12 months <input type="checkbox"/></li> </ul>		
How much acreage have new businesses already committed to? <b>(Choose one)</b>		
<ul style="list-style-type: none"> <li>▪ 200 acres or greater <input type="checkbox"/></li> <li>▪ 100 acres to less than 200 acres <input type="checkbox"/></li> <li>▪ 50 acres to less than 100 acres <input type="checkbox"/></li> <li>▪ 10 acres to less than 50 acres <input type="checkbox"/></li> <li>▪ Less than 10 acres <input type="checkbox"/></li> </ul>		
What is the end use for the proposed site improvement? <b>(choose one)</b>		
<ul style="list-style-type: none"> <li>▪ Research and Development/Technical Center <input type="checkbox"/></li> <li>▪ Manufacturing and Industrial <input type="checkbox"/></li> <li>▪ Distribution Center/Non-Retail Commercial <input type="checkbox"/></li> <li>▪ Mixed Use/Retail <input type="checkbox"/></li> </ul>		
What amount is Local Match/Investment? <b>(choose one)</b>		
<ul style="list-style-type: none"> <li>▪ \$1,000,000 or greater (equaling 50% of the project cost) <input type="checkbox"/></li> <li>▪ Greater than \$50,000 to less than \$1,000,000 (equaling 50% of project cost) <input type="checkbox"/></li> <li>▪ Less Than \$500,000 <input type="checkbox"/></li> </ul>		

<b>As of Time of Application, which of the following applies to the site? (Choose all that apply)</b>	
<ul style="list-style-type: none"> <li>▪ Public transit service available for site <input type="checkbox"/></li> <li>▪ Traffic study has been conducted near site <input type="checkbox"/></li> <li>▪ 4-lane limited access highway within ½ mile of site <input type="checkbox"/></li> </ul>	
<b>What is the status of any required Right-of-Way Acquisition Status/Site Control (Choose one)</b>	
<ul style="list-style-type: none"> <li>▪ No ROW needed or ROW acquisition Completed <input type="checkbox"/></li> <li>▪ In Progress <input type="checkbox"/></li> <li>▪ Not Started <input type="checkbox"/></li> </ul>	
<b>What is the status of the Environmental Review for Site Improvements and Infrastructure (Choose one)</b>	
<ul style="list-style-type: none"> <li>▪ Completed <input type="checkbox"/></li> <li>▪ In Progress <input type="checkbox"/></li> <li>▪ Not Started <input type="checkbox"/></li> </ul>	
<b>Does your Project Budget Include the appropriate Davis Bacon Wage Scales? (Choose one)</b>	
	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>How compatible with Regional and Local Economic Development Strategies is this project? (Choose all that apply)</b>	
<ul style="list-style-type: none"> <li>▪ Improvement of project site will act as catalyst for future economic development <input type="checkbox"/></li> <li>▪ Site improvement will complement existing or planned development near the site <input type="checkbox"/></li> <li>▪ Site improvement is in accordance with community comprehensive plan and local economic development strategies <input type="checkbox"/></li> <li>▪ Documentation demonstrating strong local support for project is attached <input type="checkbox"/></li> </ul>	
<b>What is your debt capacity ? (Choose one)</b>	
<ul style="list-style-type: none"> <li>▪ \$5 million to less than \$10 million debt capacity <input type="checkbox"/></li> <li>▪ Less than \$5 million debt capacity <input type="checkbox"/></li> </ul>	
<b>What is your Municipal Bond Rating ? (Choose one)</b>	
<ul style="list-style-type: none"> <li>▪ AAA bond rating <input type="checkbox"/></li> <li>▪ AA bond rating <input type="checkbox"/></li> <li>▪ A bond rating <input type="checkbox"/></li> </ul>	
<b>Regarding your Site Marketing Plan (Respond to all):</b>	
<ul style="list-style-type: none"> <li>▪ Have you outlined a comprehensive marketing plan for during and after site improvements are made? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ Have you identified staff resources and budget appropriations for future marketing efforts? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ Do you have demonstrated experience in marketing campaigns? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> </ul>	
<b>Describe Benefit to Low-Skilled, Low to Moderate Income Population (Respond to all)</b>	
<ul style="list-style-type: none"> <li>▪ We have planned recruiting efforts for low income employees within 5 miles of site <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ We have included plans for offering transportation to and from site for low income employees within 5 miles of site <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ We will offer training opportunities for unskilled workers hired for new/retained jobs <input type="checkbox"/> No <input type="checkbox"/> Yes</li> </ul>	
<b>Feasibility of Site Improvement Project (Respond to all)</b>	
<ul style="list-style-type: none"> <li>▪ We have provided maps delineating the site to be improved <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ We have provided photographs and/or aerial photography of the proposed site <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ The project site conforms to surrounding land uses/zoning <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ We have provided a statement of need <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ Would the planned improvements be possible without loan assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> <li>▪ Have you provided a timeline that outlines all improvement work? <input type="checkbox"/> No <input type="checkbox"/> Yes</li> </ul>	

**S. ACCOUNTS PAYABLE/RECEIVABLE (5 pts - Complete for all Projects)**

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

Name and Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Has this person submitted invoices for your community/agency in the past?  Yes  No

**T. APPLICATION AUTHORIZATION (5 pts - Complete for all Projects)**

The undersigned certifies that:

1. He/she is legally authorized to request and accept financial assistance from the County of Summit;
2. To the best of his/her knowledge, all representations that are part of this application are true and correct;
3. 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
4. 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 Program of the Department of Housing and Urban Development and all assurances set forth in the contract to be signed with the County of Summit. The applicant also certifies that physical construction on the project as defined in the application has not begun, and will NOT begin until a 2008 Community Development Block Grant agreement with the County of Summit has been executed. Action to the contrary may result in termination of the agreement.

Name of Certifying Representative: \_\_\_\_\_

Title of Certifying Representative: \_\_\_\_\_

Signature & Date Signed \_\_\_\_\_

## CHECKLIST FOR THE COMPLETION OF THE APPLICATION

**ALL applicants must include the following information or your application will be considered ineligible.**

- A certified copy of the legislation by the governing body of the applicant authorizing a designated official to submit this application and execute contracts.
- A letter from the applicant's Chief Financial Official certifying that all local, public and/or other revenues listed are available for this project. **\*\* Note this grant is on a reimbursement basis only.**
- Map showing the exact project location and/or defined benefit area. Include project location address, and/or Census Tract and Block Group information.
- Photographs and sketches showing the area or facility to be acquired improved or repaired.
- Costs estimates documenting the basis for all budgetary line items from an engineer, architect or other qualified source.
- A flood management permit (if the project is located in a 100 year flood plain).
- Support Documentation: This may include items such as photographs, additional descriptions, letters of support, and other information as deemed appropriate. **Maximum of five (5) pages.**

**If your agency is a non-profit you must also provide the following information:**

- Incorporation Documents
- Mission Statement
- 501(c)(3) Determination
- List of Current Board Members

- **ALL APPLICATIONS ARE DUE TO THE DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT, NO LATER THAN 12:00 P.M. ON WEDNESDAY, JULY 15, 2009.**
- **APPLICATIONS SUBMITTED VIA MAIL MUST BE POST MARKED BY TUESDAY, JULY 14, 2009 AND SENT CERTIFIED MAIL.**
- **ALL APPLICATIONS SHOULD BE SENT/DELIVERED TO:**  
County of Summit – Department of Community & Economic Development  
175 South Main St., Room 207  
Akron, Ohio 44308  
ATTENTION: Kathleen Petsko
- **PLEASE PROVIDE THE ORIGINAL, UNBOUND APPLICATION, ALONG WITH EIGHT UNBOUND COPIES.**
- **LATE APPLICATIONS WILL NOT BE ACCEPTED.**
- **FACSIMILIES WILL NOT BE ACCEPTED.**
- **DIRECT QUESTIONS TO:**  
Kathleen Petsko, Grant Program Analyst  
(330) 643-2566 or [kpetsko@summitoh.net](mailto:kpetsko@summitoh.net)