

COMMUNITY DEVELOPMENT BLOCK GRANT

Housing Activities 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- Housing Rehabilitation programs involve the use of CDBG funds to pay the construction and non-construction costs of providing services such as: emergency and minor home repairs, foreclosure prevention, and fair housing services. (5 points.) FAILURE TO COMPLETE THIS SECTION WILL RESULT IN A DEDUCTION OF 5 POINTS.

Applicant: _____

Address: _____

City: _____ Zip Code: _____

Project Manager(s) and Title(s): _____

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 your non-profit status.

B. PROJECT INFORMATION (15 points.)

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? YES NO

Does your organization or community receive other County funds? YES NO

If YES, please list other funding sources: _____

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. Indicate whether it is a conversion of a non-residential structure into permanent housing, fair housing activities, a minor home repair program or an emergency repair program. Explain how the proposed activity(s) will accomplish the objectives described in Section C. **(10 pts.)**



E. CITIZEN INPUT/PARTICIPATION (5 points.)

Please demonstrate how citizen input and participation was used in determining the need for the project. Attach 1) copies of notices for public hearings, 2) copy of the advertisement, 3) legislation, 4) attendance list/sign in sheet (s) and 5) citizen participation summary.

F. PROJECT ELIGIBILITY AND MEETING THE NATIONAL OBJECTIVES (15 pts.)

To be eligible to receive funding under a housing activity, the project must primarily benefit low and moderate income persons.

Activities given high priority status in the 2005 – 2009 Consolidated Plan:

Affordable housing; Increase supply of or improve quality of owner-occupied housing; increase supply of rental housing; increase range of housing options for those with special needs; reduce/eliminate chronic homelessness.

Activities given medium priority status in the 2005 – 2009 Consolidated Plan:

Reduce lead-based paint hazards; increase access to affordable owner-occupied housing; improve quality of affordable rental housing; increase supply of transitional and/or permanent supportive housing.

Activities given low priority status in the 2005 – 2009 Consolidated Plan:

Senior Services; ADA Compliance Activities; Historic Preservation

As per above, is this project of High or Medium priority?

High (5 pts.)

Medium (3 pts.)

Low (0 pts.)

Is this project of primary benefit to low and moderate income persons?

YES (5 pts.) **NO (-5 pts.)**

If "YES," which of the following categories best describes the project? **(Choose only one)**

Limited clientele activities (5 pts.)

These activities must benefit a clientele that is generally presumed to be principally low and moderate income such as elderly persons, disabled adults, battered women, homeless persons, illiterate adults, and/or persons living with HIV/AIDS.

Housing activities (3 pts)

This is an activity undertaken for the purpose of providing, or improving permanent residential structures, which upon completion will be occupied by low and/or moderate income persons. Examples of housing activities include: property acquisition or rehabilitation of property for permanent housing, and counseling services for first time homebuyers.

G. PROJECT BENEFICIARIES (10 pts.)

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 (H).

	INCOME GUIDELINES – FY 2008							
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Total low/moderate income:	\$34,550	\$ 39,500	\$44,400	\$49,350	\$53,300	\$57,250	\$61,200	\$65,150
Total low income:	\$21,600	\$24,700	\$27,750	\$30,850	\$33,300	\$35,800	\$38,250	\$40,700
Total extremely Low income:	\$12,950	\$14,800	\$16,650	\$18,500	\$20,000	\$21,450	\$22,950	\$24,400

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 data, agency records, surveys, etc): _____

Identify the **primary** beneficiaries that this project will serve. Check the one, most 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 |

In the spaces provided, identify the estimated number of project beneficiaries by race and ethnicity. (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:	_____	_____

H. PROJECT BUDGET - DO NOT ATTACH A DIFFERENT BUDGET (15 pts.)

Rehabilitation	Total Project Costs	CDBG Funds Requested	Agency Funds	Federal Funds	State Funds	* Other
Materials	\$	\$	\$	\$	\$	\$
Labor	\$	\$	\$	\$	\$	\$
Personnel						
Salaries:	\$	\$	\$	\$	\$	\$
Fringe Benefits:	\$	\$	\$	\$	\$	\$
Operations						
Rent:	\$	\$	\$	\$	\$	\$
Insurance:	\$	\$	\$	\$	\$	\$
Utilities:	\$	\$	\$	\$	\$	\$
Phone/Fax:	\$	\$	\$	\$	\$	\$
Supplies:	\$	\$	\$	\$	\$	\$
Postage:	\$	\$	\$	\$	\$	\$
Printing:	\$	\$	\$	\$	\$	\$
Travel:	\$	\$	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$	\$	\$

*List/Explain Other:

(Cost estimates must be substantiated with quotes from engineers, architects or other qualified source.)

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

- 1:1 (5 points)
 1:2 (10 points)
 1:3 or more (15 points)

I. PROJECT TIME TABLE (5 pts.)

Project Begin Date: _____ Project End Date: _____

Project Duration:

- 9 – 12 months (5 pts.)
 12 – 15 months (3 pts.)
 15 or more months (1 pt.)

J. ACCOUNTS PAYABLE/RECEIVABLE (5 pts.)

In the space provided below, please indicate the person who will be responsible for submitting your requests for reimbursement and beneficiary reports. **FAILURE TO COMPLETE THIS SECTION WILL RESULT IN A LOSS OF 5 POINTS:**

Name and Title: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Has this person submitted invoices for your community/agency in the past? YES NO

The County typically disburses amounts awarded in four equal, quarterly draws. If this arrangement will pose a hardship for your agency, please let us know and we will consider an alternate schedule.

If quarterly draws will not work with your project, please check the appropriate box below and attach a statement that explains what arrangements you would like and why you feel they are necessary.

Yes, we need an alternate disbursement schedule

No, we do not need an alternate disbursement schedule

K. APPLICATION AUTHORIZATION (5 pts.)

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.

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.
- A copy of the current fiscal year agency budget.
- 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
- A list of the Agency's 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 ONE UNBOUND COPY.**
- **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