

## 2016 CDBG PUBLIC FACILITY AND "OTHER" PROJECTS

APPLICANT INFORMATION AND PROJECT ABSTRACT			
1.	Project Name:		
2.	Eligible CDBG Activity:		
3.	Eligible National Objective:		
4.	Consolidated Plan Goal:		
5.	Name of Agency or Municipality:		
6.	Contact Person for Project:		
7.	Title:	8.	Telephone: Fax:
9.	Address: Email Address (Mandatory):		
10.	Federal Tax ID No.:	11.	DUNS No.:
12.	Amount of CDBG funds requested (column B on b	oudget for	rm): \$
13.	Funds committed to project from other sources (co	olumn C c	on budget form): \$
14.	Total project cost (column E on budget form): \$		
15	If making multiple submissions, please prioritize this project/application:		
Please ]	provide a brief description of the project. A full pro	ject desci	ription should be provided on page 2.

PPO IFCT	DESCRIPTION
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Describe the proposed project. The narrative MUST include: 1) the need or problem to be addressed and why the need is a local priority, 2) the population to be served or the area to benefit, 3) the work to be performed, including the activities to be undertaken or the services to be provided, 4) specific goals and objectives for the project (e.g. 15 curb cuts will be constructed), 5) if the project addresses State or federal mandates; and 6) the implementation schedule. Pictures of project area reflecting need / impact are recommended. <b>Attach additional sheets, as necessary.</b>		
If the project involves acquisition, rehabilitation and/or demolition of a building, please provide photographs of the building and adjacent buildings / structures in an electronic format.  Check here if the structure is historic   Year constructed		

## LINE ITEM BUDGET FORM – PUBLIC FACILITIES AND "OTHER" PROJECTS

Name of Applicant: Project Name:
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**Instructions**: Please use the following format to present your proposed line item budget. In Column A, list all expense categories associated with the CDBG-funded project. In Column B, provide the CDBG amount associated with the expense category. In Column C, provide the amount of match associated with the expense category. Record-keeping responsibilities and other supportive services should be taken into consideration when calculating match. In Column D, name the source of the match dollars. In Column E, sum cells B & C in each line. Please also sum column B, C & E at the bottom of the form. Further detail should be provided within the Budget Narrative. Project cost estimates prepared by A/E firms can be submitted in addition to, but not in lieu of, the budget form.

$\mathbf{A}$	В	C	D	E
CATEGORY	CDBG REQUEST	MATCH	MATCH SOURCE	TOTAL
TOTAL	\$	\$	NA	\$

## PUBLIC FACILITIES AND "OTHER" PROJECTS BUDGET NARRATIVE

Describe the specific costs for each category listed on the budget form. Provide an explanation on how costs were calculated including the value of volunteer services and donated resources associated with the CDBG-funded project. Please differentiate between soft and hard match dollars. Architectural and engineering cost estimates should be submitted, if available.

## **EXHIBIT A - MUNICIPAL CERTIFICATION**

I,, hereby certify that all parts of this application and all required attached documents are accurate to the best of my knowledge. I am also certifying that:				
- The proposed project will not result in permanent involuntary displacement of any family, individual, business, non-profit organization or farm, or any of their personal property.				
- If selected to receive Community Development Block Grant (CDBG) funding, the project will be operated in accordance with all applicable laws and regulations, including the CDBG Entitlement Grant Regulations at 24 CFR Part 570, Civil Rights Acts, the Fair Housing Act and the Americans with Disabilities Act.				
- I am authorized by the municipality or organization identified within to submit this application. *				
Reimbursement of Funds – The applicant agrees to reimburse the County of Lehigh for any expenditures paid to the applicant that are found to be ineligible under the CDBG program guidelines.				
<ul> <li>Allocations – The applicant agrees that all projections of funds assume the continuation of the federal CDBG program and that the County is not responsible for costs incurred should the program be discontinued.</li> </ul>				
Name Date				
Title				
* MUST BE SUPPORTED BY RESOLUTION OF MUNICIPALITY.				
If uploading the CDBG application via the Lehigh County website, please include a resolution and a signed version of this document via attachment.				

<b>EXHIBIT B - FAIR HOUSING STATEME</b>	NT
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By signing this page you attest that your organization has agreed the Fair Housing Act:	to adhere to the regulations set forth by
Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as sale, rental, and financing of dwellings, and in other housing-renational origin, religion, sex, familial status (including children ulegal custodians, pregnant women, and people securing custody handicap (disability).	lated transactions, based on race, color, nder the age of 18 living with parents or
Signature:	
Organization/Municipal Authority Signature	Date
EQUAL HOUSING OPPORTUNITY	
If uploading the CDBG application via the Lehigh County website, please attachment.	include a signed version of this document via