

Public Facility and "Other" Projects



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Section 1:	
Project Name:	
Name of Agency or Municipality:	
Address of Project Site:	
Type of agency:	\square 501(c)(3) \square Gov't./Public \square For Profit \square Faith-Based \square Other
Federal Tax ID # (FEIN):	
DUNS #:	
SAM (System for Award Management	t) Renewal Date:
If making multiple submissions, pleas	se prioritize this project/application:
Chief Official's Name and Title:	
Address 1:	
Address 2:	
Phone:	
Email:	
Contact Person's Name and Title:	
Address 1:	
Address 2:	
Phone:	
Email:	
Funding Request:	
Total CDBG funding requested (colu	umn B on budget form): \$
Funds committed to project from of	ther sources (column C on budget form): \$
Total project cost (column E on bud	get form): \$
Has this project previously received	l Lehigh County CDBG funds? Yes No Amount: \$
Project Summary: Please provided on page 2).	le a brief description of the project. (A full project description should be



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Section 2: Project Narrative Description (Use additional sheets if necessary)			
Describe the project concisely and completely. The narrative must answer ALL of the following: The need addressed by the project and if the project is in preparation for a future public facility project The benefit to low-income residents (how will the project improve the lives of low-income residents?) A description of the project service area The activities to be undertaken, including the scope of work and timeframe/implementation schedule The goals, objectives, and outcome(s) to be achieved If the project addresses State or Federal mandates Five Year Consolidated Plan Goals: Which local priority does the project address?			

Submit a census block group map with the project area clearly marked. (if applicable)



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Project Eligibility DeterminationAll projects must meet one national objective

AI	i projects must meet one	national objective.		
A.	 Under which national objective will your project qualify? Choose only one: Benefits residents with low or moderate incomes (LMI); 			
	Deficites residents wi	th low of moderate incomes	s (LIVII),	
	Aids in the elimination	on of slums and blight; or		
	☐ Meets community nee	ds having a particular urgen	cy because conditions pose an immediate th	reat to public health or
	-	ltation with Lehigh County).		•
B.			objective, how will you determine benefit	t to low- and
mo	derate-income residents?		:	1
	= ·	ct: and block group:	in which 39.01% or more of residents hav Total population in this	
		ncome population in this bl		block group.
		low- to moderate-income:	-	
	_			
	- ·		in which the average number of low- to n information on the applicable census bloc	
	attach a separate page if	_	morniation on the applicable census bloc	k groups (you may
	1 1 0			
	Census Tracts and Block Groups	Universe Population for Each Block Group	LMI Population for Each Block Group	
	ana bioek di oups	ioi Lacii Biock di oup	ior Each Block Group	
	Total (A):	Гotal (В):	
	Applicable LMI Percen	tage= Total B/Total A =	<u>%</u>	
	order to demonstrate th		census block group. We have conducted a s have low or moderate incomes. (Please i	
	Attachment A).			
	following categories: seni	ors; severely disabled adults	oresumed eligible for assistance because the homeless; battered spouses; abused/negles with HIV/AIDS; and persons who use food	ected children and
		specific persons or househors s before approving their par	olds (i.e.: housing assistance). We will verif ticipation.	y the incomes of



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Project Beneficiaries Provide the number of people who will benefit below:
For infrastructure/construction projects, list total number of individuals who will benefit
(number of residents in census tract/block group or specific neighborhood to be served)
For economic development projects, list <i>number of businesses</i> expected to be served
and number of jobs expected to be created/retained, if applicable
Will the project primarily benefit residents described as: Extremely low incomes (30% of area median income [AMI] or less) Very low incomes (50% of AMI or less) Low/moderate incomes (80% of AMI or less) Belonging to a Minority Group Senior Citizens Persons with Disabilities Other Underserved Constituency (describe): Does your project affirmatively further fair housing choice (to take meaningful actions to overcome historic patterns of segregation, promote fair housing choice, and foster inclusive communities that are free from discrimination)?
Yes No If yes, describe how:
Section 3 For construction projects only:
Please provide photographs of project area.
If the project involves acquisition, rehabilitation, and/or demolition of a building, please provide photographs of the building and adjacent buildings/structures <u>in a digital/electronic format</u> . State the year the building was constructed:
All CDBG-funded projects are subject to an environmental review, which must be completed by Lehigh County prior to funds being committed. Issues requiring remediation would need to be completed prior to the start of any project. Please check all that apply to the project:
 □ Project involves alteration, construction, or demolition of any building more than 50 years old. □ Project location is in a possible historic district. □ Project is close to highways or commercial enterprises storing hazardous materials. □ Endangered species have been identified in a nearby area. □ The project is in a 100- or 500-year floodplain.
**Submit a FEMA Firm Panel map with the project area clearly marked. This is a requirement regardless of whether or

**Submit a census block group map with the project area and the service area clearly marked.

not the project is located within a flood plain.

^{**}Submit a neighborhood map (Google or suitable alternative) illustrating the project footprint.



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All construction projects above \$2,000 that are funded in whole or in part with CDBG funds are subject to Davis-Bacon Federal Wage Rates but may be subject to PA Prevailing Wage Rates. Three exceptions are not subject to federal wage rate Projects that use force account (municipality's own or another municipality's workforce); demolition projects; and house projects under a certain threshold. Projects not subject to David-Bacon Federal Wage Rates may be subject to State (PA) prevailing wage rates. <i>Choose one</i> :
 ☐ The project will go out to bid, subject to Davis-Bacon Federal Wage Rates. ☐ The project will be done by force account or involves demolition or housing rehabilitation. ☐ The project will not include construction.

List any permits that have been obtained or are anticipated to be needed for this project, including the status of current permit applications.



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Section 4: Agency Capacity	у	
Who will be the person	n responsible for the overall oversight of the prop	osed project?
Name:		
Title:		
Telephone Number:	Email Address:	
	ate person responsible for the overall oversight o	of the proposed project?
Name:		
Title:		
Telephone Number:	Email Address:	
Who will be the person project?	n responsible for the day-to-day operations and n	nanagement of the proposed
Name:		
Title:		
Telephone Number:	Email Address:	
Who will be the person compliance?	n responsible for the financial oversight of the CD	BG expenditures and fiscal
Name:		
Title:		
Telephone Number:	Email Address:	
	your agency plans to employ to track and monitor ti	
	licies and agency capacity. Provide a Board	
of Trustees/Elected officia	ls with the application. Use additional shee	ets if necessary.



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LINE ITEM BUDGET FORM – PUBLIC Facility and "Other" PROJECTS

Name of Agency/Municipality:	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 architectural/engineering firms can be submitted in addition to, but not in lieu of, the budget form.

A	В	C	D	E
A CATEGORY	CDBG REQUEST	MATCH	MATCH SOURCE	TOTAL
			+	
TOTAL	¢	•	NI/A	¢
IUIAL	\$	\$	N/A	\$

Please note, CDBG reimbursed materials and supplies must be procured according to your organization's formal, written procurement guidelines. If guidelines are informal, Lehigh County procurement guidelines must be followed.

Indirect costs will be funded only if an indirect cost allocation plan (ICAP) can be presented. The ICAP does not need to be approved by HUD but must be approved by the organization's Board. Plan must provide the basis for indirect cost billing for all organization's programs, not only those funded via CDBG.



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PUBLIC Facility 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. If project includes construction, include discussion of federal prevailing wage use, necessary permits for project, and/or any possible environmental issues requiring remediation. Discuss procurement guidelines to be used.			

Please note, when requesting CDBG for materials and supplies, those items must be procured according to your organization's formal, written **procurement guidelines** (such guidelines **must be submitted as an attachment to the budget narrative**). If guidelines are informal, Lehigh County procurement guidelines must be followed.

Also, when requesting funding for **indirect costs**, an indirect cost allocation plan (ICAP) **must be submitted as an attachment to the budget narrative.** The ICAP does not need to be approved by HUD but must be approved by the organization's Board. Plan must provide the basis for indirect cost billing for all organization's programs, not only those funded via CDBG.



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EXHIBIT A – MUNICIPAL CERTIFICATION

I,	, hereby certify that all parts of this application and all required ed 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.		
-	- 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.		
	Name Date		
	Title		
	* MUST BE SUPPORTED BY RESOLUTION OF MUNICIPALITY.		
If upl	oading the CDBG application via the Lehigh County website, please include a resolution and a signed version of this document via attachment.		



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EXHIBIT B - FAIR HOUSING STATEMENT

By signing this page, you attest that your organization has agreed to adhere to the regulations set forth by the Fair Housing Act:

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

Signature:	
Organization/Municipal Authority Signature	Date



If uploading the CDBG application via the Lehigh County website, please include a signed version of this document via attachment.



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EXHIBIT C – Certification of Non-Delinquency to Lehigh County

By signing this page, you certify that your organization is not delinquent on taxes or other obligations owed to Lehigh County. According to Ordinance 2017-131 under Tax Delinquency: Grants shall not be given to an organization that is delinquent on any taxes due the County until taxes are paid in full. If an organization becomes delinquent on taxes owed the County during a year when said organization is budgeted to receive a grant, the County shall withhold grant funds in lieu of taxes until taxes are paid in full. The County shall not give grants to an organization that is also a lessee of the County until the rent due the County is paid in full as provided for in the terms of the lease agreement. **Signature:** Organization/Municipal Authority Signature **Date**

If uploading the CDBG application via the Lehigh County website, please include a signed version of this document via attachment.





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Checklist of Required Documents

All app	licants must include: (Check each as included in application)
1.	Application cover sheet – Section 1
2.	Project Narrative, Eligibility, and Beneficiaries – Section 2
3.	Digital photos of building/project: front and back of structure/views from four points for proposed
	acquisition, rehabilitation or construction projects, streets showing deterioration, etc. – Section 3
4.	FEMA Firm Panel map illustrating the project area – Section 3
5.	Census block group map illustrating both the project area and the service area – Section 3
6.	Neighborhood map (Google or suitable alternative) illustrating the project footprint – Section 3
7.	Line Item Budget Form
=	Budget Narrative
=	EXHIBIT A - Municipal Certification - <u>Signed</u>
	Copy of board resolution or meeting minutes
=	EXHIBIT B – Fair Housing Statement
	EXHIBIT C – Certification to Pay Taxes and Other Obligations to Lehigh County
13.	Include one (1) <u>original</u> and five (5) <u>copies</u> of the entire application (for all documents <u>not</u> submitted
	Lehigh County website)
via tiic	Lenigh County website)
Additio	onally, you must include ALL of the following as attachments:
	The current and previous fiscal year's budget, including the actual revenues and expenditures for the
previo	
	Audited financial statements for the two (2) previous fiscal years
3.	The positions of all employees, officers and board members who receive \$50,000.00 or more in annual
~ .	
	nsation, including bonuses, from the requesting organization
	The total compensation of the organization's five (5) highest compensated individuals
	A list of all funding sources and the total amount received from each funding source for the previous
year	
	A list of all funding sources for the current year, and a list of all pending applications for funding,
includi	ng the amount requested