

CITY OF LAKEWOOD – FY 2012 COMMUNITY DEVELOPMENT BLOCK GRANT & HOME APPLICATION – PHYSICAL INFRASTRUCTURE & HOUSING

PROJECT INFORMATION

Name of Project: _____

Project Location/Address: _____

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Applicant is: Private/Non-Profit 501(c)(3) Private/For-Profit Public Agency Other (specify) _____

Organization's Federal Identification Number (Tax ID #): _____

Organizational DUNS number: _____
 (If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

Do you have active registration status with the Central Contractor Registry (CCR)? Yes No
 (If you are not registered with CCR, go to <https://www.bpn.gov/ccr/default.aspx> to register. You must obtain a DUNS number prior to registering with CCR.)

Please provide documentation verifying active registration status for DUNS and CCR.

PROJECT COST SUMMARY	Amount	Source	Committed?		% of Budget
			Yes	No	
FY 2012 CDBG Funds Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Other Government Funds Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Private Funds Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Other Funding Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Donations/Volunteering/In-Kind	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Total Cost to Complete	\$				100%

SCOPE OF WORK (Limit response to space provided):

The City of Lakewood is seeking proposals for the use of CDBG funding that addresses the goals of the CDBG program as set forth in 24 CFR 570 and meet current funding priorities and objectives. This section determines if your project is eligible for CDBG funding based on federal statutory requirements.

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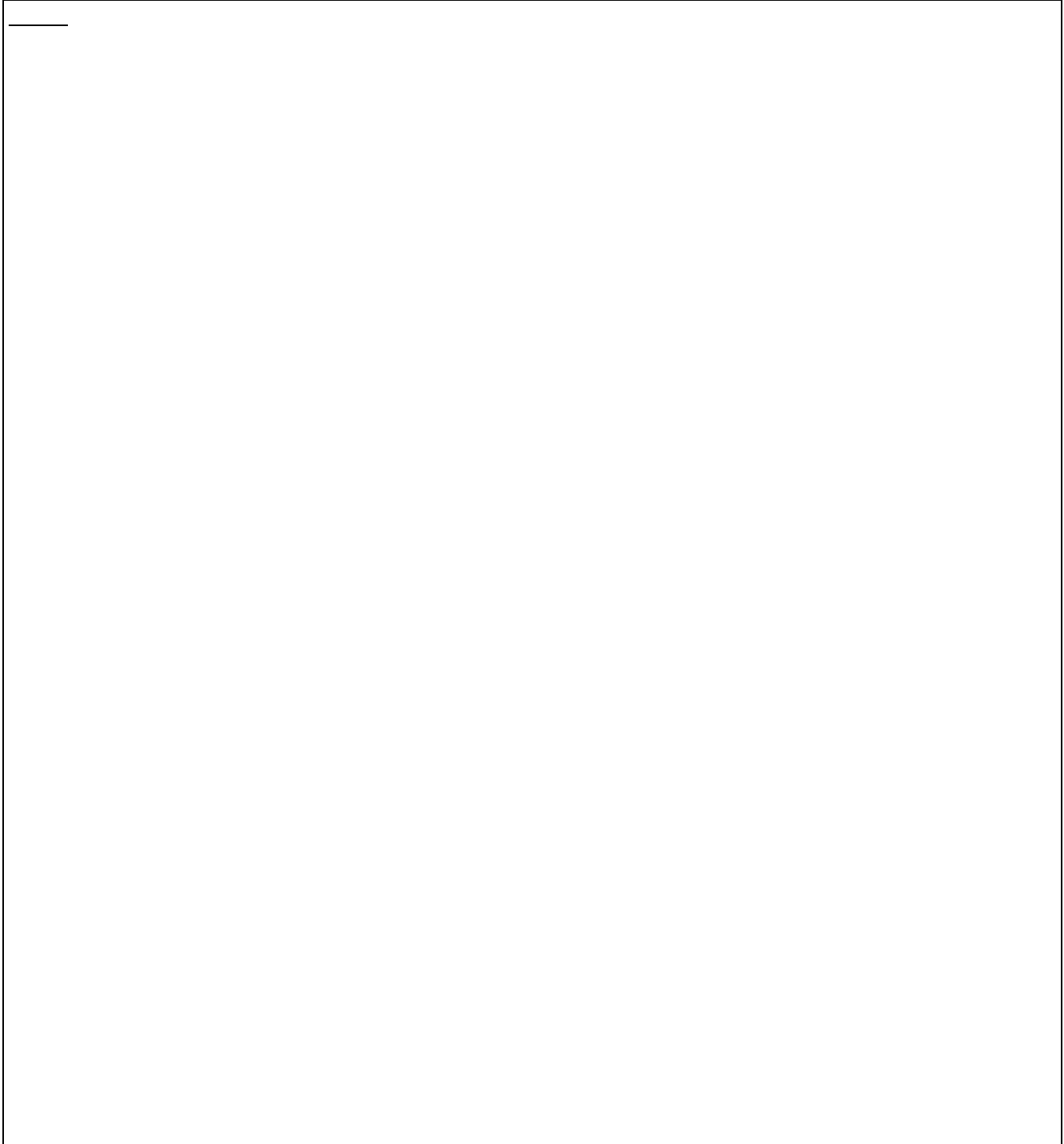
Does the operating agency own the structure where the project is located? Yes No

If no, please explain.

DETAILED DESCRIPTION OF PROJECT: In concise, measurable and quantifiable terms, describe the scope of work to be accomplished with the funds requested, including a specific physical description. Please provide information about the intended use of the facility or structure, number of rooms, buildings, other structures, and any special needs to be addressed. If funded, your project will require a complete environmental assessment prior to commitment of funds. Therefore, describe in this section any and all environmental issues that will require consideration as your project design is developed.

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NATURE OF PROBLEM/REMEDY: If the project is proposed to remedy a problem, be as specific as possible and include any statistics or other evidence that supports the case, such as census data, special surveys/studies and demographic data. Include any specific state or local compliance requirements that may affect the project (ie, EPA, PCHD). Based on the problem identified above, state briefly how the project will meet need described above.



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PROJECT ELIGIBILITY AND LOCATION

Beneficiaries: Check only one category: A, B, C, D, or E (51% or more of those served must be below 80% HUD median income)

A.	<input type="checkbox"/> Low income persons below 80% HUD median income guidelines residing in Lakewood
B.	<input type="checkbox"/> Low income presumed . Check <u>only one</u> of the presumed low-income categories that your project will primarily serve, if applicable <input type="checkbox"/> Abused spouses <input type="checkbox"/> Homeless <input type="checkbox"/> Illiterate <input type="checkbox"/> Individuals with disabilities <input type="checkbox"/> Abused/neglected youth/child <input type="checkbox"/> Seriously disabled adults <input type="checkbox"/> Migrant farm worker <input type="checkbox"/> Persons living with HIV/AIDS
C.	<input type="checkbox"/> Low income area (entire service area is more than 51% income eligible)
D.	<input type="checkbox"/> Elimination/reduction of slums and blight*
E.	<input type="checkbox"/> Urgent need*

**Check with Community Development CDBG staff for verification before selecting.*

Service Area: Describe the service area of your project and its boundaries by Census Tract. (If the service area does not cover an entire Census Tract, list Census Block Groups instead). Describe rationale for how service area was determined.

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Indicate the total number of clients to be served and total number of clients below 80% HUD median income guidelines who will benefit from this project:

	No. of Clients Served Residing in Lakewood		No. of clients Served Residing in (Name of City) _____		No. of Clients Served Residing in (Name of City) _____		No. of Clients Served Residing in Unincorporated Pierce County		Total # of Clients Served	
		%		%		%		%		
A. Total # of clients to be served by this project:		%		%		%		%		100%
B. Total # of clients below 80% HUD median income to be served by this project:		%		%		%		%		100%

Describe the methodology used and data collected to determine income eligibility requirements.

Location: Give the location (address) of the project. Indicate the total number of residents living in the project service area. Indicate the total number of low- to moderate-income residents (\leq 80% HUD median income) living in the project service area. Map location of project and service area boundaries (attach map immediately following this page).

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Acquisition: If acquisition, provide parcel(s) number or legal description.

Does your project involve annual operation and maintenance cost? Yes No

If yes, provide total costs. \$_____

If yes, provide source of total costs:

Source	Amount

PROJECT BUDGET AND FUNDING

Has your organization received CDBG funding from the City for this project/program, or any other project/program, in prior years? Yes No

If yes, please list the project/program name, year(s) and amount(s) below.

Project/Program	CDBG Year	Amount

Anticipated balance of previously committed funds: \$_____

If phased project, can this phase stand alone? Yes No

If yes, describe how.

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Can your project be partially funded? Yes No
If yes, list the priority items and amounts:

Priority 1: _____ Amount \$ _____
Priority 2: _____ Amount \$ _____
Priority 3: _____ Amount \$ _____
Priority 4: _____ Amount \$ _____

Additional partial funding requirements and project impacts *(if applicable)*

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Project Budget: Complete the table below, indicating all anticipated costs and the line items for which CDBG funds would be used, including all sources of financing. Please note, all construction projects receiving CDBG funds must pay prevailing wage rates for all contracts of \$2,000 or more in compliance with the Davis-Bacon Act.

EXPENSES			FUNDING					
Line Item Expenses	Total Expenses	% of Budget	CDBG Funds Requested	% of CDBG Funds	Other Funds		Committed	
					Amount	Source	Yes	No
Environmental Review	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Design and Inspection	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Consultants - (define) _____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Permits and Fees	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Land Acquisition	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Site Development and Landscape (Describe) _____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Utilities (water and sewer)	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Buildings (new const.) (Provide a breakdown)								
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Roads and Sidewalks	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Building Renovations (includes accessibility) (Provide a breakdown)								
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
_____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
10% Additional Factors _____	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
TOTAL	\$	100%	\$	100%	\$			

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Indicate the cost per client served for your project/program (total program expenditures divided by total clients served):

\$_____ per client for FY 2012 (proposed)

Indicate the cost per **CDBG** client served for your project/program (total program expenditures divided by total **CDBG** clients served):

\$_____ per client for FY 2012 (proposed)

If one or more of the funding sources listed above is not realized, what impact would this have on your project? Explain what changes would be considered to its scope or design, including the number of clients served, structure(s) constructed, staff reductions, etc., and whether your project would exist without CDBG funding.

Explain why CDBG funds are appropriate for your project. If this application is for a program currently receiving CDBG funding, discuss what actions you have taken and what other funding sources have been investigated in the last 12 months to reduce your organization's dependence on City of Lakewood CDBG funds.

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CONSTRUCTION INFORMATION

Describe your familiarity with Davis-Bacon prevailing wage requirements.

Describe your familiarity with oversight of construction projects.

If you do not have the construction capacity or have an identified weakness in capacity, how will this be remedied?

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Will you employ a consultant? Yes No

If so, what will consultant do?

If so, have you already selected a consultant? Yes No

If yes, whom did you select? _____

Will the proposed project, during construction or operation, disturb any channel or riparian areas of any river or tributary? Yes No

If yes, please describe.

If funded, how many months after the execution of the contract will you be ready to begin the project? _____

Note: Projects must be awarded or under construction within 180 days after the start of the CDBG program year which begins July 1, 2012. Failure to comply may result in the reprogramming of funds.

What steps need to be taken to implement your project?

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ORGANIZATIONAL EXPERIENCE/CAPACITY

What services/activities are you currently providing to what type of clientele?

Describe your organization's experience in conducting this type of project.

Describe your organization's current capacity and staff qualifications for carrying out the proposed project.

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Describe your organization's experience with CDBG or other federally funded program.

Is your agency working with other agencies to provide similar services? If so, please identify.

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CERTIFICATION

This proposal must be signed by an official authorized to bind applicant in order to be considered for funding.

I hereby certify that for any CDBG project, compliance is required in the following areas:

Utilization of Minority/Women & Disadvantaged Contractors - Projects receiving CDBG funding must notify and include minority and women contractors in their bidding process. *Executive Order 11625 (Utilization of Minority Business Enterprise); Executive Order 12138 (Utilization of Female Business Enterprise).*

Labor Standards Provisions (Davis-Bacon) - Construction projects receiving \$2,000 in CDBG (federal) funds will be required to comply with applicable prevailing wage requirements.

Section 3 - Projects receiving CDBG funding involving building or public facilities improvements must, to the greatest extent feasible, utilize lower income residents for employment and training opportunities. *(24 CFR, Part 135).*

Environmental Regulations - All funded projects will need to have an environmental review to ensure compliance with NEPA (National Environmental Protection Act) regulations. The City of Lakewood conducts these reviews but needs Subgrantee cooperation.

Title VI of the Civil Rights Act of 1964 which provides that no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. *(Public Law 99-352)*

Title VIII of the Civil Rights Act of 1969, popularly known as the **Fair Housing Act**, which provides that it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States and prohibits any persons from discriminating in the sale or rental of housing, the financing of housing, or the provision of brokerage services, including otherwise making unavailable or denying a dwelling to a person, because of race, color, religion, sex, or national origin. *(Public Law 90-294)*

ADA Compliance - Projects receiving CDBG funding involving building or public facilities improvements must include accessibility and comply with the Americans with Disabilities Act Guidelines (ADAG).

I certify that the statements and application requirements in this official proposal are correct and that this proposal contains no misrepresentation or falsification, omission, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief, and that no bids have been awarded, contracts executed, or construction begun on the proposed project. I also certify that any CDBG funding resulting from this application will be governed by the laws and regulations of the United States Department of Housing and Urban Development (HUD) and the City of Lakewood and that any funds received under this grant will not be used to supplant other funds budgeted for the proposed project.

Signature of Authorized Official (use blue ink)

Printed Name

Title

Date