CDBG Application Number:
CATEGORY:

For Office Use Only

EQUAL HOUSING OPPORTUNITY

WAUKESHA COUNTY

PROGRAM YEAR 2016 (January 1 – December 31, 2016)

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM APPLICATION FORM

FOR NONPROFIT ORGANIZATIONS

DEADLINE FOR SUBMISSION: March 25, 2015, 4:30 pm

Room 320, Waukesha County Administration Building

GENERAL INFORMATION

1. Project Title: _____

2. Project Address (if different from Applicant's address):_____
_____

3. Applicant's Legal Name: _____

4. Address: _____

5. Primary Contact Person/Title: _____

6. Telephone: _____ Fax: _____

7. E-Mail: _____

8. Federal Identification Number (Required): _____

9. DUNS Number (Required): _____

10. Type of Applicant:_____

11. Amount of CDBG 2016 Funds Requested: _____

12. Total Project Costs: _____

13. National Objective: Preventing or eliminating slums or blight

14. Check One:

New Project ☐ Continuing previously funded project ☐

AGENCY CAPACITY AND EXPERIENCE (25 Points Total)

15. Provide a brief description of your agency and experience. Highlight experience relevant to this application. Please describe staff experience with programs or projects like the one you are applying for.

16. List the Project Personnel who will be paid with CDBG funds:

Position Title	Total Salary	CDBG Portion ($ and %)
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Describe the agency's auditing and fiscal controls.

a. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.

b. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight.

c. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project.

d. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement.

e. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?

Project Approach (20 Points Total)

18. Provide a concise description of the proposed project.

19. If your agency collaborated with other agencies in the planning and/or implementation of this project please provide a brief description of this collaboration. If you have been engaged in any Strategic Alliance efforts or anticipate any such as: co-locating, alliance, partnership or merger, describe your effort and anticipated future effort.

20. Select how your project will serve Low and Moderate Income People (Choose one):

a. Benefit to LMI **individuals** (at least 51% of total beneficiaries of program must be LMI and income information must be gathered from all participants)

b. **Presumed Benefit** (all individuals served in the program qualify as low income because of the type of population served, i.e.: Elderly, Severely Disabled Adults , Abused Children, Battered Spouses, Homeless Persons, Illiterate Adults , Persons with AIDS, Migrant Farm Workers. Income information does not have to be collected.)

c. Benefit to an **area** that is primarily residential and is located in an eligible census tract (at least 30.34% of residents are LMI). See instructions for a list of eligible census tracts.) Provide list of census tracts:_____

d. Housing units created to benefit LMI individuals or households (every CDBG funded unit must be occupied by and LMI individual or household)

e. Jobs created to benefit LMI individuals (1 job must be created for every $35,000 of CDBG funds invested in project; 51% of all jobs created must be for LMI individuals)

f. Project serves residents of a **NRSA** and agency is a certified CBDO. Provide name of NRSA: _____

g. Project addresses conditions of **Slum and Blight** on an Area or Spot Basis. Must provide designation of Slum and Blighted area from jurisdiction when contract is signed, and addresses of affected properties.

h. ADA Rehabilitation of a public facility or public improvement

NEEDS AND OUTCOMES (25 Points)

21. Describe the need for your program or project.

22. Description of Activity and Activity Outputs (5 points)

U = Units of housing, P = Persons, HH = Households, J = Jobs Created/Retained, PF = Public Facilities

Example:

Activity Description	Reporting Periods/Outputs		
	Period I 1/1-6/30	Period II 7/1-12/31	Total
Rehab houses for eligible LMI residents	25 U	25 U	50 U
Provide services to persons who are homeless	200 P	200 P	400 P

Activity Description	Period I	Period II	Total

23. If this is a continuing activity, describe two measureable outcomes of your previous year's project whether or not it was funded with CDBG funds.

24. Describe two anticipated measurable outcomes for your proposed project and activities.

BUDGET (20 Points Total)

25. Agency Budget

Revenues	2014 Actual	2015 Budget
Waukesha County CDBG	_____	_____
Other Government Grants		
1. _____	_____	_____
2._____	_____	_____
3._____	_____	_____
United Way	_____	_____
Program Service Fee	_____	_____
Public Support (Membership, Fund Raising, Donations, etc)	_____	_____
Investment Income	_____	_____
Other (Specify) _____	_____	_____
Other (Specify) _____	_____	_____
TOTAL	_____	_____

Expenses	2014 Actual	2015 Budget
Personnel Costs	_____	_____
Insurance	_____	_____
Operating Expenses	_____	_____
Capital Expenses	_____	_____
Allocated Overhead	_____	_____
Other _____	_____	_____
TOTAL	_____	_____

Explain any major deviations between any of the years: _____

26. PROGRAM BUDGET (for Public Services, NRSA Public Services, Housing Programs and Economic Development)

Revenues	**2016 Estimated Budget**	**2016 CDBG Portion**
Waukesha County CDBG	_____	_____
Other Government Grants		
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
United Way	_____	_____
Program Service Fee	_____	_____
Public Support (Membership, Fund raising, donations, etc.)	_____	_____
Investment Income	_____	_____
Other _____	_____	_____
TOTAL	_____	_____

Expenses	**2016 Estimated Budget**	**2016 CDBG Portion**
Personnel Costs	_____	_____
Insurance	_____	_____
Operating Expenses	_____	_____
Capital Expenses	_____	_____
Allocated Overhead	_____	_____
Other _____	_____	_____
TOTAL	_____	_____

If your budget does not balance, please describe the reason and the resolution to balance the budget:

_____

Consolidated Plan Priorities and Analysis of Impediments (10 Points)

27. Select the appropriate activity category below for your project. Projects categories are listed in the order of highest priority for 2016 at the top of each list.

	Public Services
○	Homeless shelter and services
○	Meals / Nutrition
○	Youth / Childcare / Abused and neglected children
○	Seniors and Disabled
○	Substance Abuse / Mental Health / Healthcare
○	Transportation
○	Domestic abuse
○	Education
○	Employment training
○	HIV / AIDS
○	Other (list)

	NRSA
○	Meals / Nutrition
○	Youth / Childcare / Abused and neglected children
○	Seniors and disabled
○	Substance Abuse / Mental Health / Healthcare
○	Domestic abuse
○	Education
○	Employment training
○	Transportation
○	HIV / AIDS
○	Other (list)

	Housing
○	Homeowner rehabilitation program/loans
○	Rental rehabilitation (special needs/transitional or permanent housing for very low income / supportive services and case management attached to units)
○	Rental rehabilitation (multi-family projects, general low income population)
○	Downpayment assistance
○	Housing counseling
○	Acquisition / site preparation of land for housing purposes (not construction)
○	Residential historic preservation
○	Other (list)

	Public Facilities and Improvements (Rehab/construction costs--not operating costs) *the rehab may be for ADA compliance OR to benefit low-moderate income people for each activity
○	Homeless facilities
○	Youth / Abused children facilities
○	Senior / Disabled facilities
○	Facilities for AIDS patients
○	Neighborhood / Community centers
○	Parks / Playgrounds / Recreational facilities
○	Streets / Sidewalk improvements
○	Water / Sewer improvements
○	Flood drainage improvements
○	Parking lots
○	Other (list)

	Economic Development
○	Loans to small/medium businesses for low-moderate income job creation or retention
○	Commercial / Industrial infrastructure development or improvements
○	Façade improvement loans to businesses
○	Non-residential historic preservation
○	Other (list)

	Administration and Planning
○	Housing rehab program administration
○	Revolving Loan Fund administration
○	Fair housing activities
○	Planning for communities or NRSAs
○	Other (list)

28. Select the activity or activities below that best show how your agency is working to alleviate impediments identified in the 2015—2019 Analysis of Impediments to Fair Housing Choice.

a. Impediment #2: Lack of Fair Housing Knowledge

☐ 1. Agency staff attend fair housing seminars or educational opportunities.

☐ 2. Agency provides education or training for rental property owners and managers on the requirements of the Fair Housing Act, the definitions of protected classes, discriminatory practices, and potential consequences for non-compliance.

☐ 3. Agency provides education or training to tenants on their rights under the Fair Housing Act.

b. Impediment #3: Imbalance Between Job Centers and Affordable Housing Options

☐ 1. Project is located in high opportunity community near a job center. ***FOR HOUSING PROJECTS ONLY***

☐ 2. Project is located in low or moderate income census tract. ***FOR ECONOMIC DEVELOPMENT PROJECTS ONLY***

c. Impediment #4: NIMBY/Prejudiced Attitudes

☐ 1. Agency develops and integrates appropriate diversity awareness information into staff and organizational development training.

☐ 2. Agency creates and disseminates information regarding what affordable, workforce and mixed-income housing is and what economic benefits they offer to the community, via printed materials, training sessions, website education or other methods.

☐ 3. Agency participates in regional housing initiatives and collaborative efforts.

d. Impediment #5: Limited Housing Options for People with Disabilities and the Aging Population

☐ 1. Project creates housing for people with disabilities or the elderly. ***FOR HOUSING PROJECTS ONLY***

☐ 2. Project has construction design concepts such as universal design (UD) and Visitability standards and features. ***FOR HOUSING PROJECTS ONLY***

Appendix A: Results of Prior Year Projects

29. Provide numeric statistics related to program beneficiaries (persons or households) served over the past three years. Use "P" for persons, "H" for households and "J" for jobs.

Year	Amount of CDBG Awarded	# Served with CDBG funds	Total # Project Served
2012	_____	_____	_____
2013	_____	_____	_____
2014	_____	_____	_____

30. Was your agency able to spend the CDBG allocation awarded within the calendar year? (Provide explanation for any extensions into the next year for 2012, 2013 and 2014)

31. Has your agency had any CDBG funds reprogrammed (taken back) by the CDBG Board? (Explain for 2012, 2013 and 2014)

APPENDIX B – PUBLIC FACILITIES AND INFRASTRUCTURE PROJECTS

32. Address of Facility:_____

33. Year it was built:_____

34. Is the property on a local or national list and/or registered as a historic property?

Yes ◯ No ◯ Don't Know ◯

CAPITAL BUDGET (for Public Facilities or Housing Rehabilitation or Development Projects)

Guidance: The following sheet should be used to present a proposed line item budget for Capital projects. In column A, list the items for which CDBG funding is requested. In Column B provide the calculation for estimated costs explaining how this costs was determined. In Column C provide the proposed amount of CDBG funding that will be required in order to complete the project. In Column D indicate the total amount of CDBG funding requested for the project.

A Budget Item	B Calculation	**C** Total Project Costs	D Total amount of CDBG Requested
PROJECT COSTS	**Provide a description of how estimated costs were reached**		
Acquisition a. Cost of Building or Land b. Settlement Costs	_____ _____	$ _____ $_____	$_____ $_____
Hard Construction Costs a. Cost of Construction b. Contingency	_____ _____	$_____ $_____	$_____ $_____
Relocation Costs	_____	$_____	$_____
Holding Costs	_____	$_____	$_____
Architecture and Engineering	_____	$_____	$_____
Construction Administration	_____	$_____	$_____
Application Fee	_____	$_____	$_____
Environmental/Lead Survey	_____	$_____	$_____
Marketing	_____	$_____	$_____
Permits & Fees	_____	$_____	$_____
Appraisals	_____	$_____	$_____
Hazard & Builders Risk	_____	$_____	$_____
Taxes (Property)	_____	$_____	$_____
Accounting	_____	$_____	$_____
Legal	_____	$_____	$_____
Title/Recording	_____	$_____	$_____
Inspection Fees	_____	$_____	$_____
Other:_____	_____	$_____	$_____
	TOTAL DELIVERY COST	**$**_____	$_____
		TOTAL AMOUNT OF CDBG FUNDS REQUESTED	$_____

35. SUPPLEMENTAL BUDGET FORM – CAPITAL PROJECTS

USE OF OTHER RESOURCES

A. Describe plans to use other funds on this project. In this section only describe funds that are secured. Provide the source of funds, amounts, period covered and how these funds will be used.

B. Describe plans to seek new funding to supplement CDBG funding. Describe the sources to that will be applied for, the amount to be requested and the proposed use of these funds.

APPENDIX C: HOUSING PROJECTS

HOUSING PROJECT SCOPE

Project Title: _____

Project Address: _____

CDBG Funds Requested: $ _____

Project Type (Check One):

□ Home Buyer Assistance Program

□ Homeowner Rehabilitation Program

□Acquisition/Rehabilitation (For Sale)

□Acquisition/Rehabilitation (Rental)

□ Other (describe) _____

36. Describe the general scope of the project:

HOUSING DEVELOPMENT PROJECTS

SITING AND DESIGN

Please submit design information with the application, such as a scaled site plan, and building elevation and floor plan drawings to document the design characteristics of the proposed development.

37. Do you have site control? □ Yes ■ No

□ Option □ Accepted Offer □ Fee Simple □ Other: _____

38. Does the project have local zoning approval? □ Yes ■ No

39. When will the project get underway? ___/___/___ When will it be completed? ___/___/___

40. Describe the site in terms of its accessibility to social, recreational, educational, commercial, health facilities and services, and other municipal facilities and services, or any other advantageous aspects of the site:

41. Describe any adverse conditions this site may face, including any environmental issues, proximity to existing or proposed freeways, flooding issues, or proximity to odors or pollution from industrial issues:

42. Describe some of the design features of the project:

PROJECT TARGETING/ AFFORDABILITY (FOR HOUSING DEVELOPMENT PROJECTS)

43. Describe the percentage of requested CDBG funds to the project's total funding:

44. How will the requested funds be returned to the CDBG program as program income?

- ○ More than 50% returned within 5 years of award
- ○ More than 50% returned within 15 years of award
- ○ Less than 100% returned within 15 years of award
- ○ Balloon payment at or after 15 years of award
- ○ No return of funds
- ◉ Other, please describe:

RENTAL PROJECTS

Provide the following information about specific units in a RENTAL project:

45. For rental housing, 51% of the tenants in the project must be low or moderate income (under 80% of the County Median Income) at initial rent-up. Those tenants must be charged rents less than or equal to the High HOME Rent.

Rental Project				
Number of Units	Income Category	Monthly Unit Rent	Includes Utilities?	Amount of CDBG Per Unit
	Below 30% CMI			
	30.1% -- 50% CMI			
	50.1% -- 60% CMI			
	60.1% -- 80% CMI			

46. Describe briefly your tenant selection criteria and process.

STRENGTH OF APPLICANT (FOR HOUSING DEVELOPMENT PROJECTS)

47. PROJECT BUDGET

Please provide a Capital Budget clearly identifying all sources of funding. You may use the following budget format or supply your own. For rental projects, please provide an operating pro forma.
Status Codes: C= Committed R= Requested (also include the relevant date)

Description Codes:

A. Permanent Financing
B. Conventional Loans
C. Federal Tax Credits
D. State Tax Credits
E. Non-LIHTC Equity
F. Other Subsidies
G. State Housing Loans
H. State and Local Grants
I. Foundation Grant
J. Other Grant
K. Other Loan
L. Preservation Tax Credit
M. HOME funds
N. McKinney Act
O. FHLB AHP Funds
P. Project Based (Sec. 8)
Q. Other HUD
R. FHA

PERMANENT SOURCES:

Source of Funds	Amount	Desc. Code	Status Code / Date	Rate (%)	Annual Debt Service	Soft Debt? (Y/N)
CDBG Funds						
TOTAL SOURCES	**$ -**					

USES:

Uses of Funding	Amount
Acquisition Costs	
Construction / Rehab	
Contingency	
Financing Costs	
Developer/Consulting Fees	
Soft Costs (inc. reserves)	
Other	
Total Uses	$ -

INTERIM SOURCES:

□ Construction Loan

□ Bridge Loan

Source	Amount	Rate (%)	Fee (%)

48. Please describe below and provide written documentation of commitments from other funding sources and any other partnerships for this project.

HOMEOWNER REHABILITATION PROGRAM

49. Briefly describe your program, including number and type of clientele you intend to serve, whether your program is a grant or loan program, and how you will advertise the program to low and moderate income homeowners:

50. Describe the activities you will undertake to bring units to housing and code standards:

HOMEBUYER ASSISTANCE PROGRAM

51. Briefly describe your program, including number and type of clientele you intend to serve, whether your program is a grant or loan program, if you will require homebuyer counseling, and how you will advertise the program to low and moderate income homebuyers:

An officer of the organization's governing body must sign this application:

The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this grant application is true and correct, that the Federal tax exemption determination letter provided as part of this application has not been revoked and the present operation of the organization and its current sources of support are not inconsistent with the organization's continuing tax exempt classification as set forth in such determination letter.

Name _____ Date: _____

Title _____

_____

Signature

Save Instructions:

Once you download the PDF application file from the Waukesha County website, save it to a file on your computer and rename it (suggest "2016 CDBG Application"). You may now open the saved, renamed PDF file and fill in the application. You may save your changes and come back to the application at another time to complete it. Once it is complete, save the file (suggest rename it to something like "Final 2016 CDBG Application w/date"), print 13 copies and submit one original with signature and 13 copies, all on 3-hole punch paper, to the Waukesha County Department of Parks and Land – Community Development by mail or in person before the deadline submission date of March 25, 2015 by 4:30 pm.