

CDBG Application Number: _____

For Office Use Only



WAUKESHA COUNTY
PROGRAM YEAR 2013 (January 1 – December 31, 2013)
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
APPLICATION FORM
OUT OF CYCLE APPLICATION

APPLICANT INFORMATION

1. Project Title: _____

2. Applicant's Legal Name: _____

3. Address: _____

4. Primary Contact Person/Title: _____

5. Telephone: _____ Fax: _____

6. E-Mail: _____

7. Federal Identification Number (Required): _____

8. DUNS Number (Required): _____

9. Type of Applicant:

County Department

Non-Profit Organization

Municipality

Educational Institution

Other (Describe)

10. Amount of CDBG 2013 Funds Requested: _____

11. Total Project Costs: _____

12. Check One:

New Project

Continuing previously funded project

13. Provide a brief description of who you serve and the purpose of your project.

PRIORITIES FOR FUNDING:

The following priorities were established in the Waukesha County 2010-2014 Consolidated Plan for all activities funded with CDBG. The Waukesha County CDBG Board considers these priorities when making funding recommendations:

Priority #1: Housing

Priority # 2: Public Services

Priority #3: Public Services within a NRSA

Priority #4: Economic Development

Priority #5: Public Facilities Improvement/Accessibility

Priority #6: Other eligible categories (Contact the CDBG Office for more information)

The 2010-2014 Consolidated Plan also established a list of basic principles that will guide funding decisions under these priorities:

- A. Provide opportunities for the rehabilitation and development of affordable housing for both owner occupied and/or rental properties;*
- B. Provide opportunities for low and moderate income households for homeownership;*
- C. Reduce and/or eliminate barriers to affordable housing;*
- D. Provide opportunities to meet special population affordable housing and support service needs;*
- E. Provide direct client services to meet identified needs through collaborative public services;*
- F. Provide for expanding economic opportunities and job creation for low and moderate income households;*
- G. Provide opportunities for maintenance and rehabilitation of public facilities with emphasis on accessibility;*
- H. Provide strategies and activities in areas of concentrated low and moderate income to improve the quality of life and opportunities to self-sufficiency;*
- I. Concentration of resources directed to specific HUD eligible neighborhoods (NRSAs) to improve livability, safety, and empower the residents.*

14. Select one Priority **and** one Basic Principle that your Project will address.

Priority	Basic Principle	
1	A	F
2	B	G
3	C	H
4	D	I
5	E	
6		

ELIGIBILITY:

15. Eligible Categories of Activities (check one). See instructions for more detailed descriptions of eligible activities.

Housing

Development or Rehabilitation of Rental Housing

Homeowner Rehabilitation Program

Historic Preservation of Housing

Other (Describe)

Public Services

Non-NRSA

NRSA (Organization must be a qualified CBDO)

Public Facility

Accessibility Improvements

Historic Preservation

Rehabilitation

Infrastructure (Streets, Sidewalks, etc.)

Other (Describe)

Economic Development

Commercial/Industrial Façade Improvements

Business Loans to Create Low-Income Jobs

Other (Describe) _____

Administration / Planning

Fair Housing Activities

Strategic Planning

16. Location of Project: (Check one)

Countywide (Will be available to all residents in Waukesha County)

City, Village, or Town (will be primarily available to residents of the selected location)

Specific Property: (Describe)

Neighborhood Revitalization Strategy Area: (Will be available to residents of the selected NRSA location or locations) (See instructions for more details)

Note: Agencies working in NRSA's will need to be certified by Waukesha County as a Community Based Development Organization (CBDO)

Phoenix Heights

Haertel Field

West Side

NATIONAL OBJECTIVES:

Federal Regulations require that projects funded with CDBG must meet one of three national objectives. Questions 12 – 14 will address meeting a national objective:

1. *Benefit Low- and Moderate Income (LMI) Persons/Households (at or below 80% of median family income for jurisdiction)*
 - a) *Benefit to LMI individuals (at least 51% of beneficiaries must be LMI)*
 - b) *Benefit to an area that is primarily residential and is located in an eligible census tract(s). See instructions for a list of eligible census tracts)*

2. *Prevent or eliminate slum or blight*
 - a) *Area Basis (Eligible Areas are determined by local ordinance)*
 - b) *Spot Basis (Specific properties are determined by local ordinance)*

3. *Meet a community urgent need*
 - a) *This national objective is not applicable for this application*

17. National Objective to be met by Proposed Project: Select One: A i. or A ii. or B i or B ii.

- A. Benefits Low- and Moderate- Income (LMI) Persons/Households or LMI Area
 - i. Individuals/Households (must collect this data)
 - ii. Area (located within eligible LMI census tracts or NRSA)

- B. Prevent or Eliminate Slum or Blight
 - i. Area Basis
 - ii. Spot Basis

18. If you selected A i: Project Benefits Low- and Moderate-Income Persons/Households, answer a), b) and c):

- a) Estimated Number of persons (P) or households (HH) who will benefit/be served by the proposed project during the program year. (51% of this number must be eligible as LMI)

(P) Persons: _____ (HH) Households: _____

b) Estimated Percentage of persons (P) or households (HH) within the following income categories that will benefit or be served by the proposed project:

_____ %Extremely Low Income (less than or equal to 30% of Median Family Income)

_____ %Low-Income (More than 30% but less than or equal to 50% of Median Family Income)

_____ %Moderate-Income (More than 50% but less than or equal to 80% of Median Family Income)

_____ %Non-Moderate Income (More than 80% of Median Family Income)

_____ %

c) Will this project serve one or more of the following limited clientele? (Check all that apply)

Elderly

Severely Disabled Adults

Abused Children

Battered Spouses

Homeless Persons

Illiterate Adults

Persons with AIDS

Migrant Farm Workers

19. If you selected A ii: Project benefits an LMI Area: Provide the eligible LMI census tracts included in the service area of the project: (see instructions for list of eligible LMI Census Tracts)

20. If you selected B i: Project addresses conditions of Slum and Blight on an Area Basis: Select a) or b)

a) Eligible Census Tract or Tracts: Provide census tracts located within designated area.

b) Local Area Survey: Provide TIF area or local designation:

21. If you selected B ii: Project will address conditions of Slum and Blight on a Spot Basis:

Provide description of specific property determined to be blighted:

OUTCOME MEASUREMENTS:

Each applicant must provide two measureable outcomes that will be reviewed by the CDBG Board in relation to your activities. A simple way to express an outcome is to look at your activities and ask the question “what will occur as a result of your project implementation and activities?”

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:

ADDITIONAL PROJECT INFORMATION

25. Provide numeric statistics related to program beneficiaries (persons or households) served over the past three years. Use “P” for persons and “H” for households.

<u>Year</u>	<u>Number Served with CDBG funds</u>	<u>Total Number Project Served</u>
2010	_____	_____
2011	_____	_____
2012	_____	_____
2013 Goals	_____	_____

26. Provide an estimate of potential participants who are not being served or are underserved.

27. Are there other resources to meet the needs of those not served or underserved?

Yes No Don't Know

If you answered “Yes”, please provide a brief description of these other resources.

28. Has your agency collaborated with other agencies in the planning and/or implementation of this project?

Yes No

If you answered “Yes”, please provide a brief description of this collaboration.

29. If you do not receive the full amount of CDBG funds requested, describe what would be reduced or eliminated from your proposed project?

30. Did this project previously receive funding through the Waukesha County CDBG program?

Yes

No

If you answered "Yes", complete the following:

Years Funded: 2013 2012 2011 2010

Amount Funded: _____ _____ _____ _____

31. Do you anticipate this funding request to be:

One Time Only

Indefinite

How long? Explain

32. AGENCY BUDGET

Revenues	2012 Actual	2013 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	2012 Actual	2013 Budget
Personnel Costs	_____	_____
Insurance	_____	_____
Operating Expenses	_____	_____
Capital Expenses	_____	_____
Allocated Overhead	_____	_____
Other	_____	_____
TOTAL	_____	_____

Explain any major deviations between any of the years: _____

33. PROGRAM BUDGET (for Public Services, NRSA Public Services and Economic Development)

<u>Revenues</u>	<u>2013 Estimated Budget</u>	<u>2013 CDBG Portion</u>
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	_____	_____

<u>Expenses</u>	<u>2013 Estimated Budget</u>	<u>2013 CDBG Portion</u>
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:

REVENUE INFORMATION SUPPLEMENT

34. List Project Grants received in 2012 for 2013 and if you will/will not or have reapplied in 2013 for 2014.

Grant	Amount Received	1 Yr Grant	Will	Will Not	Have
1. _____	_____				
2. _____	_____				
3. _____	_____				

35. In Kind Support: List the source, kind, estimated value and how it was determined:

Source	Kind	Estimated Value	How Determined
_____	_____	_____	_____
_____	_____	_____	_____

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

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

37. Will any of this project activity be “subcontracted”?

Yes No

If Yes, list subcontractors:

38. List any project collaborating agencies:

39. Strategic Alliance – NOT REQUIRED:

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:

40. If this is a “Public Facility Rehabilitation/Accessibility” activity, provide the following:

Address of Facility: _____

Year it was built: _____

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

Yes

No

Don't Know

41. 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. On the second page provide a description of other funds, volunteer and donated services/resources to be used in 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		
<i>Acquisition</i> 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			\$ _____

42. 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. *Intent* to apply for matching funds **does not** constitute a match.
- 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.
- C. Describe use of donated goods and services. Indicate the source and estimate the value of these services and describe how this value was determined.

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 "Out of Cycle 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 CDBG Application w/date") and email it to ksilva@waukeshacounty.gov.