

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

DEADLINE FOR SUBMISSION
Thursday, May 10, 2012, 12:00 pm
Room 355, Waukesha County Administration Building

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 |
| City | Religious Organization* |
| Village | Educational Institution |
| Township | Economic Development Corp |
| Special Government District | For-Profit Business |
| Other (Describe) | |

**If you qualify as a religious organization, you must also be a non-profit organization*

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 all that apply) (See instructions for more detailed descriptions of eligible activities)

Rehabilitation

Housing

Removal of Architectural Barriers

Historic Preservation

Commercial/Industrial Rehabilitation (Facade Improvements)

Public Services

Public Facility

Economic Development

Planning

Other (Describe)

16. Location of Project: (Check all that apply)

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

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

Specific Property: (See instructions for more details)

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
 - ii. Area (located within eligible LMI census tracts)

- 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):

NA

- 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) NA

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

NA

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: NA

Provide description of specific property determined to be blighted

GOALS/ACCOMPLISHMENTS and OUTCOME MEASUREMENTS:

Waukesha County CDBG sub-grantee contracts are based on goals and accomplishments (outputs) identified by the applicant. Please provide a description of each of your project activities and anticipated accomplishments (outputs) by reporting period (see example).

Each applicant will also be required to include two outcome-based measurements for your project.

- 22. Description of Activity and Activity Outputs:**
- U = Units of housing
 - P = Persons
 - HH = Households
 - J = Jobs Created/Retained
 - PF = Public Facilities

Example:

Activity Description	Reporting Periods/Outputs			
	Period I	Period II	Period III	Total
	1/1-4/30	5/1-8/31	9/1-12/31	
Rehab houses for eligible LMI residents	10 U	15 U	25 U	50 U
Provide services to persons who are homeless	200 P	200 P	200 P	600 P

Activity Description

Reporting Periods/Outputs

OUTCOME MEASUREMENTS:

Each applicant must provide two measureable outcomes that will be reviewed by the CDBG Board in relation to your activities. A simplistic 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: 2012 2011 2010 2009

Amount Funded:

31. Do you anticipate this funding request to be:

One Time Only

Indefinite

How long? Explain

32. AGENCY BUDGET

<u>Revenues</u>	<u>2011 Actual</u>	<u>2012 Budget</u>
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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

<u>Expenses</u>	<u>2011 Actual</u>	<u>2012 Budget</u>
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Personnel Costs

Insurance

Operating Expenses

Capital Expenses

Allocated Overhead

Other

TOTAL

Explain any major deviations between any of the years:

33. PROJECT BUDGET

Revenues	2012 Actual	2013 Estimated Budget	2013 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	2012 Actual	2013 Estimated Budget	2013 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:

REVENUE INFORMATION SUPPLEMENT

34. List Project Grants received in 2011 for 2012 and if you will/will not or have reapplied in 2012 for 2013.

NA

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: NA

Source	Kind	Estimated Value	How Determined

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

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

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

Yes No

If Yes, list subcontractors:

38. List any project collaborating agencies: NA

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

Address of Facility:

Year it was built:

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

Yes No Don't Know

40. Strategic Alliance – NOT REQUIRED, HOWEVER:

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:

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 _____

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Once you download the PDF application file from the Waukesha County website, save it to a file on your computer and rename it. You may now open the saved 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 (rename it to Final), print a copy and submit it to the Waukesha County Department of Parks and Land - Community Development by mail or in person before the deadline submission date of Thursday, May 10, 2012 by 12:00 pm.