

CDBG Application Number:
CATEGORY:



WAUKESHA COUNTY

PROGRAM YEAR 2020 (January 1 – December 31, 2020)

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM APPLICATION FORM

FOR NONPROFIT ORGANIZATIONS

DEADLINE FOR SUBMISSION: March 15, 2019, 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 (no P.O. Boxes): _____
5. Primary Contact Person/Title: _____
6. Telephone: _____ Fax: _____
7. E-Mail: _____
8. Federal Identification Number (Required): _____
9. DUNS Number (Required): _____
10. Amount of CDBG 2020 Funds Requested: _____
11. Total Project Costs: _____
12. National Objective: _____
13. Check One:

New Project

Continuing previously funded project

AGENCY CAPACITY AND EXPERIENCE (25 Points Total)

14. 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.

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

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

Project Approach (20 Points Total)

17. Provide a concise description of the proposed project.

18. 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.

19. 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. Define area and provide list of census tracts and applicable block groups Please list entire census tract number:

- 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. In addition, NRSA activities should be projects and programs that stimulate revitalization of the area, with a particular focus on economic development and housing. Public services are allowed, as long as they correlate with revitalization efforts. _____
- 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.
- i. Historic Rehabilitation of residential or commercial property. (Project must either address spot slum and blight or the homeowner or business must qualify as low income.)

NEEDS AND OUTCOMES (25 Points)

20. Describe the need for your program or project.

21. Description of Activity and Activity Outcomes (5 points)

H = Units of Housing, P = Persons served, HH = Households served J = Jobs Created/Retained, PF = Public Facilities

| | | |
|--|-----------------|-----------------|
| Example: | | |
| <u>Activity Description</u> | <u>Outcomes</u> | |
| | CDBG Funded | Total Program |
| | <u>Outcomes</u> | <u>Outcomes</u> |
| Rehab houses for eligible LMI residents | 25 H | 50 H |
| Provide services to persons who are homeless | 200 P | 400 P |

| Activity Description | CDBG Funded Outcomes | Total Program Outcomes |
|----------------------|-------------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

BUDGET (20 Points Total)

22. Agency Budget

| Revenues | 2018 Actual | 2019 Budget |
|---|-------------|-------------|
| Waukesha County CDBG | _____ | _____ |
| Other HUD Grants | | |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| Other Federal Grants | | |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| Other Government Grants | _____ | _____ |
| United Way | _____ | _____ |
| Program Service Fee | _____ | _____ |
| Membership, Fund Raising, Donations, etc. | _____ | _____ |
| Investment Income | _____ | _____ |
| Other (Specify) _____ | _____ | _____ |
| TOTAL | _____ | _____ |
| Expenses | 2018 Actual | 2019 Budget |
| Personnel Costs | _____ | _____ |
| Insurance | _____ | _____ |
| Operating Expenses | _____ | _____ |
| Capital Expenses | _____ | _____ |
| Allocated Overhead | _____ | _____ |
| Other _____ | _____ | _____ |
| TOTAL | _____ | _____ |

Explain any major deviations between any of the years: _____

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

| Revenues | 2020 Estimated Budget | 2020 CDBG Portion |
|---|----------------------------------|------------------------------|
| Waukesha County CDBG | _____ | _____ |
| Other HUD Grants | | |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| Other Federal Grants | | |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| United Way | _____ | _____ |
| Program Service Fee | _____ | _____ |
| Membership, Fund raising, donations, etc. | _____ | _____ |
| Investment Income | _____ | _____ |
| Other _____ | _____ | _____ |
| TOTAL | _____ | _____ |

| Expenses | 2020 Estimated Budget | 2020 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)

24. Select the appropriate activity category below for your project. Projects categories are listed in the order of highest priority for 2020 at the top of each list.

| Public Services | |
|------------------------|---|
| | Homeless shelter and services |
| | Meals / Nutrition |
| | Youth / Childcare / Abused and neglected children |
| | Seniors and disabled |
| | Domestic abuse |
| | Substance abuse / Mental health / Healthcare |
| | Employment training |
| | Transportation |
| | Education |
| | HIV / AIDS |
| | Other (list) |

| NRSA | |
|-------------|--|
| | Employment training / Job readiness education |
| | Job creation |
| | Neighborhood revitalization housing efforts (rehab or new construction) |
| | Job retention programs |
| | Transportation to jobs |
| | Crime prevention |
| | Public services |
| | Neighborhood revitalization non-housing efforts (beautification, parks, streets, etc.) |
| | Other (list) |

| Housing | |
|----------------|---|
| | Homeowner rehabilitation program /loans |
| | Rental rehabilitation (multi-family projects, general low income population) |
| | Rental rehabilitation (special needs / transitional or permanent housing for very low income / supportive services and case management attached to units) |
| | Acquisition / site preparation of land for housing purposes (not construction) |
| | Housing counseling |
| | Downpayment assistance |
| | 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 |
| | Senior / Disabled facilities |
| | Youth / Abused children facilities |
| | Neighborhood / Community centers |
| | Facilities for AIDS patients |
| | Parks / Playgrounds / Recreational facilities |
| | Water / sewer improvements |
| | Streets / sidewalks improvements |
| | Flood drainage improvements |
| | Parking lots |
| | Other (list) |

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

| Administration and Planning | |
|------------------------------------|--------------------------------------|
| | Fair housing activities |
| | Housing rehab program administration |
| | Revolving loan fund administration |
| | Planning for communities or NRSA's |
| | Other (list) |

25. 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

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

| <u>Year</u> | <u>Amount of CDBG Awarded</u> | <u># Served with CDBG funds</u> | <u>Total # Project Served</u> |
|-------------|-------------------------------|---------------------------------|-------------------------------|
| 2016 | _____ | _____ | _____ |
| 2017 | _____ | _____ | _____ |
| 2018 | _____ | _____ | _____ |

27. Was your agency able to spend the CDBG allocation awarded within the calendar year?(Provide explanation for any extensions into the next year for 2016, 2017 and 2018)

28. Has your agency had any CDBG funds reprogrammed (taken back) by the CDBG Board? (Explain for 2016, 2017 and 2018)

APPENDIX B – PUBLIC FACILITIES AND INFRASTRUCTURE PROJECTS

29. Address of Facility: _____

30. Year it was built: _____

31. 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 | | | \$ _____ |

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) _____

33. 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.

34. Do you have site control? Yes No
 Option Accepted Offer Fee Simple Other: _____

35. Does the project have local zoning approval? Yes No

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

37. 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:

38. 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:

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

PROJECT TARGETING/ AFFORDABILITY (FOR HOUSING DEVELOPMENT PROJECTS)

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

41. 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:

42. 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 | | | |

43. Describe briefly your tenant selection criteria and process.

STRENGTH OF APPLICANT (FOR HOUSING DEVELOPMENT PROJECTS)

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

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

HOMEOWNER REHABILITATION PROGRAM

46. 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:

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

HOMEBUYER ASSISTANCE PROGRAM

48. 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 (suggestion “2020 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 (we suggest rename it to something like “Final 2020 CDBG Application w/date”), print 1 copy, sign it, and submit it electronically, by mail or in person, to lruzinski@waukeshacounty.gov, or the Waukesha County Department of Parks and Land – Community Development before the deadline submission date of **March 15, 2019** by 4:30 pm.