

CDBG Application Number:

For Office Use Only



WAUKESHA COUNTY

PROGRAM YEAR 2015 (January 1 – December 31, 2015)

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM APPLICATION FORM

DEADLINE FOR SUBMISSION

Tuesday, April 1, 2014, 4:30 pm

Room 320, Waukesha County Administration Building

APPLICANT 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 2015 Funds Requested: _____
12. Total Project Costs: _____
13. CDBG Priority: _____
14. CDBG Basic Principle: _____
15. CDBG Eligible Activity: _____
16. National Objective: _____
17. Check One:

New Project

Continuing previously funded project

18. Provide a brief description of your agency and experience:

19. Provide a brief description of your project:

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

- a. Benefit to LMI **individuals** (at least 51% of beneficiaries 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(s). See instructions for a list of eligible census tracts.) Provide list of census tracts:

- d. Project serves residents of a **NRSA** and agency is a certified CBDO.
- e. 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.

21. 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

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

24. 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>
2011	_____	_____
2012	_____	_____
2013	_____	_____
2014 Goals	_____	_____

25. If your agency collaborated with other agencies in the planning and/or implementation of this project please provide a brief description of this collaboration.

26. If this project previously received funding through the Waukesha County CDBG program complete the following:

Years Funded:	2014	2013	2012	2011
Amount Funded:	_____	_____	_____	_____

27. AGENCY BUDGET

Revenues	2013 Actual	2014 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	2013 Actual	2014 Budget
Personnel Costs	_____	_____
Insurance	_____	_____
Operating Expenses	_____	_____
Capital Expenses	_____	_____
Allocated Overhead	_____	_____
Other _____	_____	_____
TOTAL	_____	_____

Explain any major deviations between any of the years: _____

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

<u>Revenues</u>	<u>2015 Estimated Budget</u>	<u>2015 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>2015 Estimated Budget</u>	<u>2015 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:

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

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

30. 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:

31. 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

32. 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			\$ _____

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 “2015 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 2015 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 Tuesday, April 1, 2014 by 4:30 pm.