

PROJECT REQUIREMENTS

Please use this check list for your convenience. Check off item as information is gathered.

- NON-PROFIT GROUPS:** You must submit a copy of your constitution and by-laws.

PROJECT DESCRIPTION: Describe the project in quantifiable measurements (linear feet of road resurfacing, water line replacement, # of playground equipment needed, square feet of building to be rehabbed, etc.).

ATTACH THE FOLLOWING:

- Photos of the project area, especially areas where proposed activities will occur.
 - A location map identifying the exact location of the project.
 - A floodplain map identifying the exact location of the project within the floodplain.
 - A Plat Map, where applicable (Easements or Acquisition).
- COST ESTIMATES:** Cost estimates for capital improvement projects must be obtained from an architect or an engineer and provided on their letterhead. Estimates **MUST** be based on the use of **FEDERAL PREVAILING WAGE SCALE WITH THIS INDICATED ON THE ESTIMATE**. Industry estimates will be accepted for purchases.
 - ROAD RESURFACING:** Chip and Seal or gravel-based road improvements are not eligible. Road resurfacing estimates **MUST** include the required 8 year guarantee. This **MUST** be indicated on the engineer's estimate on the company's letterhead.
 - OTHER FUNDS:** If you are committing other funds to the project, and/or if other sources of funds are included in the project, copies of letters, resolutions, ordinances, etc., committing these funds must be submitted with this application.
 - QUALIFYING AREA:** The benefit area must be at least 51% low to moderate income. Include a map of the benefit area and show how it qualifies. (by income surveys or census information).
 - FIRE EQUIPMENT:** Fire departments must provide a complete list of equipment needed to meet specific Safety Requirements of the Industrial Commission of Ohio Relating to Fire Fighting, ORC 4121:1-21, along with their itemized list of equipment request and estimate(s) of cost.

Questions? Please feel free to contact us 8:00 - 5:00, Monday through Friday, except holidays, at our office:

Margaret Deedrick, Community Development Director
Stacy Clapper, Grants Compliance Administrator
740-455-0612 Voice / 740-452-2596 Fax

CDBG FORMULA PROGRAM APPLICATION

Important things to remember:

- ◆ *Only the City may enter into contracts for your project.*
 - ◆ *Total proposed activities must be such that can be completed during January through December of the project year. Projects may not begin until awards are made and the environmental reviews are cleared.*
 - ◆ *All non-residential construction and improvements must meet or exceed State Building Codes.*
 - ◆ **Most Important:** *Please plan your project carefully, and be specific in your description. Changes after the project require State approval and may cause a substantial delay to the project's completion.*
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Name of Applicant

(citizen group, affiliation or government unit) _____

Address

Mailing Address (if different)

City, State, Zip

Address of the Project Site

Contact Person: _____

Phone: _____

Signature

Date

RETURN THIS FORM TO:

**Margaret Deedrick, Community Development Director or
Stacy Clapper, Grants Compliance Administrator
City of Zanesville
Community Development Department
401 Market Street
Zanesville, Ohio 43701
740-455-0612 Voice / 740-452-2596 Fax**

For office use only:

Date Received	Census/Income	Info. Complete	Approved	Denied (Reason)

COST ESTIMATES

Please attach an estimate provided by a licensed architect or engineer on company letterhead with prevailing wages and useful life indicated.

Name of Architect or Engineer: _____

Contact Person: _____

Address: _____
(include city, state, zip)

1. Are asbestos and/or lead based paint costs indicated on this estimate? . yes . no
2. Will the Applicant Agency employees perform any work? . yes . no
3. If you answered yes to #2, will the employees be paid from the CDBG Grant? . yes . no

If yes, indicate this under force account below and include in the CDBG money request.

Describe the work to be performed by Applicant Agency employees or volunteers (Use the back of this form if needed).

Cost Breakdown:

		List below all In-kind, volunteer and force account labor
Labor	\$	\$
Materials	\$	\$
Engineering/Architect	\$	\$
Total Cost of Project	\$	
Amount of CDBG money requested	\$	

If you are **not** applying for the total cost of the project, where will the other funds come from?

Fund Source	Amount
1	\$
2	\$
3	\$

List others on the back of this form, if necessary. Commitment letters from all sources listed must be attached, including sources of volunteer labor and in-kind contributions.

- . Cost Estimate Attached
- . Commitment Letters Attached

PROJECT BENEFIT INFORMATION

Provide a map which shows the boundaries of the service area.

Explain who will benefit from this project. When doing this, keep in mind that the people benefiting must be inclusive of the service area. This area must be at least 51% low to moderate income in order to qualify in meeting the national objective of the CDBG Program. For example, a roof replacement to a community center would benefit the entire community for which it is intended to serve (this may be city-wide), whereas, waterline replacements would benefit only those households living on the street where the waterline is being replaced.

An area may qualify by either the 2000 census or by completing income surveys. **Attach either 2000 census information or income surveys with this sheet.** Please complete the following:

How many households are in this service area?

CENSUS INFORMATION:

Received from:

Date:

Census LMI%

Attached?

. yes . no

****SURVEY INFORMATION:**

Completed by:

Date:

Number completed:

Attached?

. yes . no

**** If area survey was completed BEFORE 2002 it may not be valid and you may be required to complete another survey.**

If no census or survey information is attached, please explain:

For CDBG Administrative use only:	
Number of households in service area	
Number of households surveyed	
Number of valid surveys	
% of low-moderate income households	
Total number of beneficiaries	
Additional information required?	

Street Improvements, Bridge Replacements, Culvert/Catch Basins, Curbs and Sidewalks

**The street improvement category is considered a separate project from curbs and sidewalks*

PROJECT INFORMATION

Describe project activity by naming the street/road and linear feet of what is being replaced.

Name	Linear Feet	Existing Description*
	LF	
	LF	
	LF	
	LF	
	LF	

*Brick, Asphalt, Gravel, Non-existing. If other, please describe.

SITE INFORMATION

- . yes . no Does this project cross a stream? *If yes, Army Corps of Engineer Permit may be required.*
- . yes . no Does this project require any excavation or clearing? *If yes, are you prepared to pay for the cost of an archaeological survey that the Ohio Historic Preservation Office may require? Please attach letter of agreement to this extra cost.*
- . yes . no Will you need to acquire easements or property to complete this project? *Any project requiring any type of easement or acquisition is required to abide by the U.S. Department of Housing and Urban Development's Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.*

Attach the following maps:

- . Location map showing the exact location of this project.
- . Floodplain map showing the exact location of the project within the flood plain. *Please note: if your project is located in a floodplain, your project must be covered under FEMA flood insurance.*

Park Development, Equipment Purchase, Public Service

PROJECT INFORMATION

Describe proposed project activities: (If park, explain # of equipment to purchase, linear feet of walk path, etc.... If equipment of purchase list type and how many. If public service list type of service.)

SITE INFORMATION

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FOR THE PURCHASE OF EQUIPMENT FOR PUBLIC SERVICE

The following information **MUST** be attached

- ◆ **Program Description:** Describe the agency and the services it provides, it's clientele and how this activity meets a national objective (limited clientele or low or moderate income). Discuss the service proper and whether it is a new service or expansion of an existing service.
- ◆ **Level of Service:**
 - a. Define how the service is measured. Identify a unit of service (e.g. nights of shelter, meals per day, individuals served per month, etc.)
 - b. Identify **previous year's** source of funds and respective funding levels.
 - c. Document previous calendar year's level of service in units described above.
 - d. Identify **coming year's** projected source of funds and respective funding levels.
 - e. Project the coming year's level of service both with and without CDBG funding.
 - f. Indicate the percentage of clients or persons served who reside in your community.

Buildings: Acquired, Rehabbed, Demolished

PROJECT INFORMATION

Describe Project Activity: BE SPECIFIC! Please attach documentation of agreed upon price by buyer and seller. Also, please attach pictures of the existing building, especially in areas where the proposed activities will occur.

Square Feet of Building: _____ sq. ft.

For what purpose is this building used for:

Describe proposed project activities:

- . yes . no Does this building contain lead-based paint? *Please attach certification letter.*
- . yes . no Does this building contain asbestos? *Please attach certification letter.*
- . yes . no Is this building of historic significance? *If yes, attach documentation.*
- . yes . no Is this building located in a flood plain? *If yes, floodplain permit will be required.*

The above certifications may be obtained from the architect providing your cost estimate. If you answer yes to any of the above questions, then additional costs may be required in the elimination of these hazards and/or abiding by all local, state and federal codes. If you do not know the answer to the above questions, then this information will need to be obtained prior to approval of the project.

PROJECT INFORMATION

- . yes . no Does this project require any excavation or clearing?
- . yes . no Will you need to acquire easements or property to complete this project? *If yes, please explain on the back of this page and attach a Plat Map. Any property requiring any type of easement or acquisition is required to abide by the U.S. Department of Housing and Urban Development's Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.*

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Water and Sewer Lines

PROJECT INFORMATION

Describe Project Activity by naming the street or road and linear feet of what is being replaced or installed.

Name	Linear Feet	Existing Description*	Replacing With:
	LF		
	LF		
	LF		
	LF		
	LF		

*Existing Descriptions: line size, non-existing, tile, metal, PVC, etc.

List additional installations such as fire hydrants, gate valves, etc. in quantity.

Quantity	Item Description

SITE INFORMATION

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- . yes . no Does this project require excavation or clearing? *If yes, are you prepared to pay the cost of an archaeological survey that the Ohio Historic Preservation Office may require? Attach letter of agreement to this extra cost.*
- . yes . no Will any access fees be charged? (i.e. sewer or water line hook-up, membership fees, etc.) *If yes, please explain on the back of this page.*
- . yes . no Will you need to acquire easements or property to complete this project? *If yes, please explain on the back of this page and attach a Plat Map. Any property requiring any type of easement or acquisition is required to abide by the U.S. Department of Housing and Urban Development's Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.*

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