OFFICE OF COMMUNITY RENEWAL
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
2015 CDBG WESTCHESTER COUNTY APPLICATION

FORM 1 – APPLICANT/PROGRAM INFORMATION

1. APPLICANT INFORMATION

Applicant Name: _____County: _____

Address: _____

_____Zip Code: _____

Telephone #: _____ Fax #: _____ E-Mail: _____

Chief Elected Official Name: _____ Title: _____

Type of Applicant: ☐ Town ☐ Village ☐ City

REDC Region: ☐ Mid-Hudson

Federal Identification Number: _____ Fiscal Year- End Date: _____
(Month/Day)

DUNS # _____

☐ Joint Application with _____
Legal Name of Municipality

2. APPLICANT CONTACT PERSON (IF NOT THE CHIEF ELECTED OFFICIAL)

Name: _____ Title: _____

Address: _____

_____Zip Code: _____

Telephone #: _____ Fax #: _____ E-mail:_____

3. APPLICATION PREPARER (REQUIRED)

Name: _____ Title: _____

Organization: _____

Address:_____

_____ Zip Code: _____

Telephone #: _____ Fax #: _____ E-mail:_____

4. GRANT ADMINISTRATOR ☐ Consultant** ☐ Subrecipient ☐ Municipal Staff

Name: _____ Title: _____

Organization: _____

Address: _____

_____ Zip Code: _____

Telephone #: _____ Fax #: _____ E-mail: _____

5. APPLICANT POLITICAL DISTRICT INFORMATION

United States:

House of Representatives: Member's Name: _____ District #: _____

Member's Name: _____ District #: _____

New York:

Assembly: Member's Name: _____ District #: _____

Member's Name: _____ District #: _____

Member's Name: _____ District #: _____

Senate: Member's Name: _____ District #: _____

Member's Name: _____ District #: _____

Member's Name: _____ District #: _____

6. TYPE OF ACTIVITY (CHECK ALL THAT APPLY)

HOUSING: ☐ Housing Rehabilitation ☐ Homeownership ☐ Residential Water/Wastewater System Assistance (well and septic replacement/lateral connections) ☐ Mobile Home Replacement

***PUBLIC INFRASTRUCTURE*:** ☐ Sidewalks, streets, water and sewer improvements, open space flood control and storm water drainage

PUBLIC FACILITIES: ☐ Public Facility (community centers, senior centers, etc.)

7. PROGRAM/PROJECT INFORMATION

Name of Program/Project: _____

Location: _____

Location Type: ☐ Specific Address ☐ Community-Wide ☐ Census Tract/Block Group ☐ Target Area*

* ☐ Target Area Map in Exhibit _____

Required for all Location Types:

Census Tract(s)/Block Group(s) of Location: _____/_____ _____/_____ ____/____ _____/_____ ____/_____

8. CITIZEN PARTICIPATION: ☐ Public hearing notices as published in the newspaper, in Exhibit _____

**Federal procurement requirements may be applicable, 24 CFR 85.36

FORM 2 – COMMUNITY DEVELOPMENT PROPOSAL

The proposal must be clear, concise and labeled accordingly. It must on letter- sized paper in Times New Roman 12 point font size and not exceed 5 pages.

A. Community Development Need Description

1. Describe the need(s) to be addressed by the proposed project. **The description must provide sufficient detail to clearly describe the need(s) to be addressed in terms of the nature, scope, location, current conditions** (quantifiable terms such as the condition of the housing/water/wastewater systems, inadequate provision or lack of facilities and services) the extent of the problem **and past efforts to resolve the need(s) and any limitations on funding or other resources to address identified issues.**

2. Describe how the proposed project addresses an outcome(s) of the community needs assessment survey and/or plan(s) and explain why the proposed project is the best approach to addressing the need identified. If the proposed project does not address an outcome of the survey and/or plan briefly explain how it complements the plan and/or a long-range strategy.

3. Explain how the proposed project will support or complement other public (federal, state or local) programs or projects such as public infrastructure, works and facility; housing; economic development and main street revitalization, particularly those that benefit directly or indirectly LMI persons. Include as an exhibit any third party supporting documentation.

B. General Project/Program Description

1. Provide a detailed description of each activity proposed including quantifiable information and any unique aspects of the proposal, the impact of the project to the community at large including the beneficiaries of the project. Examples of quantifiable information are the number of grants and loans to be issued and the terms and conditions, the length and diameter of water or sewer lines, and, number, size and type of buildings/homes/laterals, etc. Where applicable, indicate who will own, operate and maintain the proposed improvements.

2. Describe how the project will be implemented to ensure the goals and impact identified in the application. Where applicable, explain how the project reduces risks to the health, welfare or safety of the beneficiaries.

3. Describe the method used to determine the best approach and cost-effective method to address the need. List the sources and dates of third-party cost estimates including any special features that will result in an unusual or a costly design. Cost estimates must be no more than 18 months old and specific to the project being proposed.

4. Describe any efforts taken to secure alternative or additional funds from other public and private sources. Explain the positive impact of the NYS CDBG funds on the total cost of the project and to the beneficiaries of the project and why NYS CDBG funds are required to carry out the proposed activity.

5. Describe any compliance actions (regulatory such as historic and/or environmental requirements, design, approvals and permits) undertaken prior to submitting this proposal.

6. Provide a brief description of how the program will be administered including the roles of the individuals involved in the administration and delivery of the program.

FORM 3A – HOUSING REHABILITATION PROPOSAL

The proposal must be clear, concise and labeled accordingly. It must on letter-sized paper in Times New Roman 12 point font size and not exceed 2 pages.

1. Describe the eligibility requirements and selection process for applicants including the process for verifying participant eligibility, prioritizing eligible applicants, eligible properties and activities. Include any unique program design features or additional support provided to the applicants and/or beneficiaries that may improve the likelihood of success and long-term sustainability.

2. Indicate the amount and describe the form of subsidy to be provided (e.g. loans, grants, deferred loans, etc.) including the proposed maximum grant or loan to be provided and match requirements. Describe the regulatory terms and conditions, and the means of securing compliance during the regulatory term (e.g., lien).

3. Describe the outreach efforts conducted and the marketing plan to be implemented.

4. **For Housing Rehabilitation projects that include rehabilitation of rental units**, describe the method used to determine and sustain affordable rents.

5. Applicants proposing Housing Rehabilitation activities must demonstrate compliance with the Lead-Based Paint regulations by providing, a Lead-Based Paint Plan as an exhibit. Compliance with lead-based paint regulations is based on the activity and the specific level of assistance provided. Applicants need to familiarize themselves with the regulations and the resulting compliance measures. Compliance with lead-based paint will be analyzed during the review process. Only those applications demonstrating compliance with these regulations will be viewed favorably. Failure to address lead-based paint will be considered a major feasibility issue and will impact the competitiveness of the application.

   All NYS CDBG funded housing rehabilitation projects must adhere to the Residential Lead-Based Paint Hazard Reduction Act of 1992, and which can be found at 24 CFR Part 35 and EPA Renovator, Repair and Painting rules at 40 CFR Part 745, as adopted by HUD. These regulations must be carefully followed to ensure that exposure to lead hazards is reduced in any residential property to be rehabilitated or purchased. The regulation can be found at www.hud.gov/offices/lead/.

   HUD has created an Interpretive Guidance that can be used to address many of the questions that have arisen as a result of the implementation of these new regulations. The Interpretive Guidance can be found at www.hud.gov/offices/lead/.

   ☐ Lead Based Paint Plan included in Exhibit _____

6. Applicants proposing housing rehabilitation activities must include sample photographs of the housing conditions to be addressed. To maintain client confidentiality, the photographs should be contained in a confidential information envelope if the photographs identify a particular address or beneficiary.

   ☐ Sample photographs included in Exhibit _____

Form 3B Activity Detail Single Unit Housing Rehabilitation, National Objective Compliance LMH

Use this form for Single Unit Housing (including mobile homes)only, Complete a separate activity detail for each proposed activity type, Laterals-Wells-Septic, multi-unit (2-3 unit) multi-unit (4 or more), and homeownership.

Applicant Name	
Activity Name	

Housing Rehabilitation Activity: Number of Households (HH)/Persons (PP) to benefit from the proposed activity

OWNER OCCUPIED UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
	# of		**# of**			
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
Totals	0	0	0	0	0	0
Average Cost Per Unit**						

RENTAL OCCUPIED UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
	# of		**# of**			
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
Totals	0	0	0	0	0	0
Average Cost Per Unit**						

	Severely Substandard	**Moderately Substandard**	**Totals**
	# of units	**# of units**	
No Income-Vacant Unit			0
Average Cost Per Unit**			

Projects proposing housing rehabilitation in a defined target area, provide the following for the target area:
(*Must provide the total number of households and persons in the target area)*

FOR ALL UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
Above 81% HAMFI					0	0
No Income-Vacant Unit					0	0
Totals	0	0	0	0	0	0

*HAMFI – HUD Adjusted Median Family Income, included in application instructions

** An average cost per unit by severely substandard and moderately substandard must be included

Refer to Appendix G for the definition of substandard

Form 3B Activity Detail 2-3 Unit Housing Rehabilitation, National Objective Compliance LMH

Use this form for2-3 unit housing rehabilitation only. Complete a separate activity detail for each proposed activity type, Single unit (including mobile homes), laterals, wells, and septic, Multi unit (4 or more) and homeownership.

Applicant Name	
Activity Name	

Total Number 2-3 Unit Buildings		Total Number of all 2-3 Units	

Housing Rehabilitation Activity: Number of Households (HH)/Persons (PP) to benefit from the proposed activity

OWNER OCCUPIED UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
	# of		**# of**			
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
81% and above					0	0
Totals	0	0	0	0	0	0
Average Cost Per Unit**						

RENTAL OCCUPIED UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
	# of		**# of**			
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
81% and above					0	0
Totals	0	0	0	0	0	0
Average Cost Per Unit**						

	Severely Substandard	**Moderately Substandard**	**Totals**
	# of units	**# of units**	
No Income-Vacant Unit			0
Average Cost Per Unit**			

Projects proposing housing rehabilitation in a defined target area, provide the following for the target area:
(*Must provide the total number of households and persons in the target area)*

FOR ALL UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
Above 81% HAMFI					0	0
No Income-Vacant Unit					0	0
Totals	0	0	0	0	0	0

*HAMFI – HUD Adjusted Median Family Income, included in application instructions

** An average cost per unit by severely substandard and moderately substandard must be included

Refer to Appendix G for the definition of substandard

Form 3B Activity Detail 4 or more Unit Housing Rehabilitation, National Objective Compliance LMH

Complete a separate activity detail for each 4 or more unit structure. Complete a separate activity detail for each proposed activity type, Single unit (including mobile homes), laterals, wells and septic, Multi-unit (2-3) unit and EACH Multi unit (4 or more)

Applicant Name	
Activity Name	

Activity name must be the address of the proposed unit.	Total number of all units in this structure	

Housing Rehabilitation Activity: Number of Households (HH)/Persons (PP) to benefit from the proposed activity

OWNER OCCUPIED UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
	# of		**# of**			
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
81% and above					0	0
Totals	0	0	0	0	0	0
Average Cost Per Unit**						

RENTAL OCCUPIED UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
	# of		**# of**			
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
81% and above					0	0
Totals	0	0	0	0	0	0
Average Cost Per Unit**						

	Severely Substandard	**Moderately Substandard**	**Totals**
	# of units	**# of units**	
No Income-Vacant Unit			0
Average Cost Per Unit**			

Projects proposing housing rehabilitation in a defined target area, provide the following for the target area:
(*Must provide the total number of households and persons in the target area)*

FOR ALL UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
Above 81% HAMFI					0	0
No Income-Vacant Unit					0	0
Totals	0	0	0	0	0	0

*HAMFI – HUD Adjusted Median Family Income, included in application instructions

** An average cost per unit by severely substandard and moderately substandard must be included

Refer to Appendix G for the definition of substandard

Form 3B Activity Detail Lateral Connection, Well and Septic Housing Rehabilitation, National Objective Compliance LMH

Use this form for Single Unit, Well and Septic and Lateral Connection only. Complete a separate activity detail for each proposed activity type, Single unit (including mobile homes), multi-unit (2-3 unit), Multi unit (4 or more) and homeownership

Applicant Name	
Activity Name	

Total Laterals		Total Wells		Total Septic	

Housing Rehabilitation Activity: Number of Households (HH)/Persons (PP) to benefit from the proposed activity

OWNER OCCUPIED UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
	# of		**# of**			
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
Totals	0	0	0	0	0	0
Average Cost Per Unit**						

RENTAL OCCUPIED UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
	# of		**# of**			
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
Totals	0	0	0	0	0	0
Average Cost Per Unit**						

	Severely Substandard	**Moderately Substandard**	**Totals**
	# of units	**# of units**	
No Income-Vacant Unit			0
Average Cost Per Unit**			

Projects proposing housing rehabilitation in a defined target area, provide the following for the target area:
(*Must provide the total number of households and persons in the target area)*

FOR ALL UNITS	**Severely Substandard**		**Moderately Substandard**		**Totals**	
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
Above 81% HAMFI					0	0
No Income-Vacant Unit					0	0
Totals	0	0	0	0	0	0

*HAMFI – HUD Adjusted Median Family Income, included in application instructions

** An average cost per unit by severely substandard and moderately substandard must be included

Refer to Appendix G for the definition of substandard

FORM 4A – HOME OWNERSHIP PROPOSAL

The proposal must be clear, concise and labeled accordingly. It must be on letter sized paper in Times New Roman 12 point font size and not exceed 2 pages.

1. Describe the eligibility requirements and selection process for applicants, including the process for verifying participant eligibility, prioritizing eligible applicants, eligible properties and activities. Include any unique program design features or additional support provided to the applicants and/or beneficiaries that may improve the likelihood of success and long-term affordability and sustainability.

2. Indicate the amount and describe the form of subsidy to be provided (e.g. loans, grants, deferred loans) including the maximum grant or loan to be provided and match requirements. Describe the regulatory terms and conditions, and the means of securing compliance during the regulatory term (e.g., lien).

3. Describe the outreach efforts conducted and the marketing plan to be implemented.

4. Describe the current real estate market, including the rental market and the availability of homes affordable to LMI households.

5. Applicants proposing Housing Rehabilitation activities must demonstrate compliance with the Lead-Based Paint regulations by providing a Lead-Based Paint Plan as an exhibit. Compliance with lead-based paint regulations is based on the activity and the specific level of assistance provided. Applicants need to familiarize themselves with the regulations and the resulting compliance measures. Compliance with lead-based paint will be analyzed during the review process. Only those applications demonstrating compliance with these regulations will be viewed favorably. Failure to address lead-based paint will be considered a major feasibility issue and will impact the competitiveness of the application.

   All NYS CDBG funded housing rehabilitation projects must adhere to the Residential Lead-Based Paint Hazard Reduction Act of 1992, and which can be found at 24 CFR Part 35 and EPA Renovator, Repair and Painting rules at 40 CFR Part 745, as adopted by HUD. These regulations must be carefully followed to ensure that exposure to lead hazards is reduced in any residential property to be rehabilitated or purchased. The regulation can be found at www.hud.gov/offices/lead/.

   HUD has created an Interpretive Guidance that can be used to address many of the questions that have arisen as a result of the implementation of these new regulations. The Interpretive Guidance can be found at www.hud.gov/offices/lead/.

   ☐ Lead Based Paint Plan in Exhibit _____

Form 4B Activity Detail Homeownership Assistance, National Objective Compliance LMH

Use this form for Homeownership Assistance only, Complete a separate activity detail for each proposed activity type, Single Unit Housing (including mobile homes)only Laterals-Wells-Septic, multi-unit (2-3 unit) multi-unit (4 or more), and homeownership.
If homeownership includes housing rehabilitation, the applicable housing rehabilitation activity must be included.

Applicant Name	
Activity Name	

Homeownership Activity: Number of Households (HH)/Persons (PP) to benefit from the proposed activity

	Homeownership		**Counseling**		**Totals**	
	# of		**# of**			
Median Income*	HH	PP	HH	PP	HH	PP
0-30% of HAMFI					0	0
31-50% of HAMFI					0	0
51-80% of HAMFI					0	0
Totals	0	0	0	0	0	0
Average Cost Per Unit**						

Real Estate Assessment Summary				
Number of persons on wait list and/or who demonstrated an interest in participating in the program:				
Number of homes available for sale in program area:				
Number of available homes that are affordable to low-and moderate income persons:				
Number of available homes that require rehabilitation:				
Average cost of rehabilitation:				
Price range of homes:	Low		High	

*HAMFI – HUD Adjusted Median Family Income, included in application instructions

** An average cost per unit for homeownership assistance must be included

Refer to Appendix G for the definition of substandard

FORM 5A – PUBLIC INFRASTRUCTURE PROPOSAL – SIDEWALKS/STREETS/FLOOD CONTROL/STORM WATER

The proposal must be clear, concise and labeled accordingly. It must be on letter sized paper in Times New Roman 12 point font size and not exceed 2 pages.

1. Describe the proposed project and explain how the project will be implemented. Provide the following:

   - A description of the benefit to be provided;
   - Evidence of long-term financial support for operations and maintenance of the facility;
   - A description of the type of labor to be employed (municipal or non-municipal);
   - A description of the source of the cost estimates.

2. Provide the name of the owner(s) of the facilities and who will operate them.

3. If the capacity to operate the facilities does not exist among current municipal employees, explain how such capacity will be obtained including the ability to plan for future capital expenditure needs.

4. Explain the status of site control and provide:
   ☐ Copies of purchase agreements or other supporting documentation are included in Exhibit _

5. ☐ Maps are included in Exhibit _____

   Applicant must include maps that clearly demonstrate the following:

   - The boundaries of the service area and location of the proposed activities including street names;
   - The locations of prior NYS CDBG projects that may impact or are impacted by the proposed project;
   - The locations of residential including vacant and seasonal and non-residential properties to be served by Census Tract, Block Group, or geographic quadrant.

FORM 5B – ACTIVITY DETAIL – PUBLIC INFRASTRUCTURE (PUBLIC SEWER/WASTEWATER, AND WATER ACTIVITIES) NATIONAL OBJECTIVE LMA, SBA, SBS

APPLICANT NAME:

ACTIVITY NAME:

For lateral connections activities to be funded with CDBG funds, activity detail Form 3B –Housing Rehabilitation must also be completed. For projects with beneficiaries outside the municipal boundaries, complete a separate Form 5B for these beneficiaries.

Public Infrastructure: Beneficiaries From Activity		
Median Income **	**# Of:**	
Source Of Data: ☐ Income Survey Census***: ☐ Tract ☐ Block Group	**HH**	**Persons**
0-30% of HAMFI		
31-50% of HAMFI		
51-80% of HAMFI		
81% and Above		
No Income – Vacant/Seasonal Units		
Totals	0	0

** HAMFI – HUD Adjusted Median Family Income *** If not coterminous with the service area, a survey must be conducted.

1. What percent of the proposed system is attributable to commercial, institutional and/or industrial use? _____%

2. What percent of the residents in the service area are **seasonal** residents? _____%

FORM 6A – PUBLIC FACILITIES PROPOSAL

The proposal must be clear, concise and labeled accordingly. It must be on letter sized paper in Times New Roman 12 point font size and not exceed 2 pages.

1. Describe the existing facilities (i.e. community and senior rooms and centers, day care centers, clinics) in or near the project area (20 miles), the population served, and the services provided.

2. If there is an existing facility in the project area for the same or similar purpose, explain the need for the proposed facility in relation to the benefiting population, existing facility and services.

3. Describe the facilities and the number of persons proposed to benefit from the facilities and/or the services at the site.

4. Explain how the project will be implemented including:

   - A description of the benefits and services resulting from the project;
   - Evidence of long-term financial support for the facilities and services;
   - A description of the supportive services plan;
   - A description of the type of labor to be employed (work-force labor);
   - A description of the source of the cost estimates.

5. If the capacity to operate the facilities does not exist among current municipal employees, explain how such capacity will be obtained including the ability to plan for future capital expenditure needs.

6. Describe the status of site control:

   ☐ Copies of purchase agreements or other supporting documentation is found in Exhibit _____.

7. Who will own the facilities? _____

   _____

8. ☐ Maps are included in Exhibit _____.

   Applicant must include maps that demonstrate the following:

   - The location of the proposed activities relation to the population to be served;
   - The locations of prior NYS CDBG projects that may impact or are impacted by the proposed project;
   - The location of existing facilities in and near the project area (i.e. community centers, clinics, day care center, senior centers;)
   - For Public Facility projects such as centers or clinics, the locations of existing service points providing similar services as what is being proposed in the application;
   - For Public Facility projects such as centers or clinics, the locations of other public facilities within the service area including the name, type of facility, service provided and population served.

FORM 6B – ACTIVITY DETAIL – PUBLIC FACILITIES NATIONAL OBJECTIVE LMA, SBA, SBS, LMC

APPLICANT NAME:
ACTIVITY NAME:

Public Facilities: Beneficiaries From Activity		
Median Income **	**# Of:**	
Source Of Data: ☐ Income Survey Census: ☐ Tract ☐ Block Group	**HH**	**Persons**
0-30% of HAMFI		
31-50% of HAMFI		
51-80% of HAMFI		
81% and Above		
Totals	0	0

** HAMFI – HUD Adjusted Median Family Income

Will this project include demolition activities? ☐ Yes ☐ No if yes, provide the following:

Demolition Activities	
Building Type	**# To Be Demolished:**
☐ Public Facilities	Facilities:
☐ Residence	Units:
☐ Commercial	Spaces:

FORM 7 – PROJECT BUDGET

APPLICANT NAME:

	LIST OF ACTIVITIES (List all proposed activities and list, as a separate activity, the Program Delivery associated with each proposed activity.)	**National Objective Code ***	**CDBG $ Requested**	**OTHER FUNDING SOURCES (must correspond to Form 5A)**				**TOTAL FUNDING**	
				Source #___	**Source #___**	**Source #___**	**Source #___**	**OTHER SOURCES**	**ALL SOURCES**
1								$0.00	$0.00
1A	**Program Delivery**							$0.00	$0.00
2		LMC						$0.00	$0.00
2A	**Program Delivery**							$0.00	$0.00
3		LMC						$0.00	$0.00
3A	**Program Delivery**							$0.00	$0.00
4		LMC						$0.00	$0.00
4A	**Program Delivery**							$0.00	$0.00
5								$0.00	$0.00
5A	**Program Delivery**							$0.00	$0.00
6	**Total Amount for Engineering**							$0.00	$0.00
7	**Grant Administration**							$0.00	$0.00
8	**Total Amount for Program Delivery (Total of 1A -5A)**		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
9	**Total Amount of Funding**		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10	Calculate and enter **% of Total Project Cost**		%	%	%	%	%	%	**100%**

If needed, use additional copies of this page. If additional pages are used, enter the total amount of program delivery, total amount of funding and total project cost on the last page.

* **Refer to the Eligible National Objectives and Beneficiaries Chart in the application instructions for the appropriate National Objective Codes.**

FORM 7A – OTHER FUNDING SOURCES

APPLICANT NAME:

	NAME OF FUNDING SOURCE	FUNDING						
		AMOUNT	SOURCE	TYPE	INTEREST RATE	TERM	STATUS	DATE AVAILABLE OR DECISION DATE
1					0%			
2					0%			
3					0%			
4					0%			
5					0%			
6					0%			

Source of Funding Codes: Federal (F), State (S), Private (P), Local (L), Other (O)
Type of Funding Codes: Loan (L), Grant (G), Tax Credits (TX), Equity (EQ), Private Contribution (PC), HUD Program Income (HPI), State Program Income (SPI).
Funding Status Codes: Committed (C), Application Submitted Notification Pending (AP)

Provide a description of the proposed budget including a discussion of the cost estimates provided, an analysis of program delivery, administration and engineering fees, and all other sources of funding including their status.

☐ Commitment letters or letters of application are included in Exhibit _____

FORM 8 – COMMUNITY DEVELOPMENT GRANT/LOAN PORTFOLIO

APPLICANT NAME:

Funding Agency	Name of Funding Source	Type			Type of Activity Funded	Award Amount	Balance	Contract		Name of Local Administrator/ Administering Agent
		State	Federal	Local				Effective Date	Term	

FORM 9 – CDBG PROGRAM INCOME HISTORY

APPLICANT NAME:

Source of Program Income (NYS CDBG or HUD projects only)						
Type of Activity	**Activity/Project Number**	**Source Code (F, S)**	**Eligible Use of Program Income**	**Total Revenue Generated**	**Total Amount Re-loaned or Re-granted**	**Current Balance on Hand**

Source Code: Federal (F), State (S).

For the program income balance listed above, indicate the status of the funds (e.g. encumbered, committed). If funds are available and are not being used to finance all or part of the proposed project, provide an explanation as to why these funds will not be used for this proposed project:

FORM 10 – APPLICANT/RECIPIENT DISCLOSURE/UPDATE REPORT

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 9/30/2013)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ **or an Update Report** ☐

1. Applicant/Recipient Name, Address, and Phone (include area code): ( ) -	2. Social Security Number or Employer ID Number: - -
3. HUD Program Name **NYS CDBG PROGRAM**	4. Amount of HUD Assistance Requested/Received

5. State the name and location (street address, City and State) of the project or activity:

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

☐ **Yes** ☐ **No**

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9

☐ **Yes** ☐ **No**.

If you answered "**No**" to either question 1 or 2, **Stop**! You do not need to complete the remainder of this form.
However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(**Note**: Use Additional pages if necessary.)

Part III Interested Parties.

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/ Activity	Financial Interest in Project/ Activity ($ and %)

(**Note**: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed $10,000 for each violation.
I certify that this information is true and complete.

Signature: X	Date: (mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

(1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of $200,000 during the during the fiscal year;

(2) You are updating a prior report as discussed below; or

(3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance): General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to either question 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part III. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance

that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).

4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD ***and any other source*** - that have been or are to be, made available for the project or activity. Non-government sources of funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the appliation for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

   Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

FORM 11 – CERTIFICATIONS

CERTIFICATION REQUIRED BY TITLE I OF THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974, AS AMENDED, WITH RESPECT TO THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

In accordance with the Title I of the Housing and Community Development Act of 1974, as amended, the Applicant hereby certifies that:

a. It possesses legal authority to make a grant submission and to execute a community development and housing program;

b. Its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the person identified as the official representative of the Applicant to submit the subject application and all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant to act in connection with the submission of the application and to provide such additional information as may be required;

c. Prior to submission of its application to the Office of Community Renewal (OCR), the Applicant has met the citizen participation requirements at 24 CFR 570.486 and New York State's Citizen Participation Plan as amended;

d. The grant will be conducted and administered in compliance with:

Title VI of the Civil Rights Act of 1964 (Public Law 88-352, 42 USC 2000d et seq.); and
The Fair Housing Act (Public Law 90-284, 42 USC 3601-20);

e. It will affirmatively further fair housing;

f. It has developed its application so as to give maximum feasible priority to activities, which will benefit LMI families or aid in the prevention or elimination of slums or blight. The application may also include activities, which the Applicant certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community where other financial resources are not available to meet such needs. The grant shall principally benefit persons of LMI in a manner that ensures that not less than 70% of such funds are used for activities that benefit such persons;

g. It will not attempt to recover any capital costs of public improvements assisted in whole or in part with funds provided under section 106 of the Act or with amounts resulting from a guarantee under section 108 of the Act by assessing any amount against properties owned and occupied by persons of LMI, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless:

1) Funds received under section 106 of the Act are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than under Title I of the Act; or
2) For purposes of assessing any amount against properties owned and occupied by persons of moderate income, the grantee certifies that it lacks sufficient funds received under section 106 of the Act to comply with the requirements of subparagraph (1) above;

h. Its notification, inspection, testing and abatement procedures concerning lead-based paint will comply with the applicable laws and regulations found at 24 CFR 570.608;

i. It will minimize the displacement of persons as a result of activities assisted with CDBG funds;

j. It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, as required under 24 CFR 570.606 (c) governing the residential anti-displacement and relocation assistance plan under section 104 (d) of the Act (including a certification that the Applicant is following such a plan); and the relocation requirements of 24 CFR 570.606 (d) governing optional relocation assistance under section 105 (a)(11) of the Act;

k. It has adopted and is enforcing:

1) A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and
2) A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such nonviolent civil rights demonstrations within its jurisdiction;

l. To the best of its knowledge and belief:

1) No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

3) It will require that the language of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all Subrecipients shall certify and disclose accordingly;

4) This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

m. It will or will continue to provide a drug-free workplace by:

1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

2) Establishing an ongoing drug-free awareness program to inform employees about:

   i. The dangers of drug abuse in the workplace;
   ii. The Applicant's policy of maintaining a drug-free workplace;
   iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
   iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

3) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1);

4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment under the grant, the employee will:

   i. Abide by the terms of the statement; and

   ii. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

5) Notifying the OCR in writing, within ten calendar days after receiving notice under subparagraph (4) (ii) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

6) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (4) (ii), with respect to any employee who is so convicted:

   i. Taking appropriate personnel action against such an employee, up to and including termination consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

   ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposed by a Federal, State, or local health, law enforcement, or other appropriate agency

7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5) and (6).

8) The Applicant may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

   Place of Performance (Street address, city, county, state, zip code)

   _____

   _____

9) Workplaces under grants, for Applicants other than individuals, need not be identified on the certification. If known, they may be identified on the certification. If the Applicant does not identify the workplaces at the time of the application, or upon award, if there is no application, the Applicant must keep the identity of the workplace(s) on file its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the Applicant's drug-free workplace requirements.

10) Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g. all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).

11) If the workplace identified to OCR changes during the performance of the grant, the Applicant shall inform OCR of the change(s), if it previously identified the workplaces.

12) This certification is a material representation of fact upon which reliance is placed when OCR awards the grant. If it is later determined that the Applicant knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, OCR may take action authorized under said Act.

n. It will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and the implementing regulations in 24 CFR part 135. Section 3 requires that employment and other economic opportunities arising in connection with housing rehabilitation, housing construction, or other economic opportunities arising in connection with housing rehabilitation, housing construction, or other public construction projects shall, to the greatest extent feasible, and consistent with existing Federal, State, and local laws and regulations, be given to low- and very low-income persons;

o. It will comply with the other provisions of the Act and with other applicable laws;

p. It is in compliance with a HUD-approved Consolidated Plan;

q. It is in compliance with grant spending threshold requirements as outlined in the Application; and

r. It will comply with all applicable Federal/State/local affirmative action requirements.

s. To the best of its knowledge and belief all data provided in this application is true and correct.

_____

Signature of Authorized Official Date