



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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: aaaa \_\_\_\_\_ Fax #: aaaaa \_\_\_\_\_ 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)**

**PUBLIC INFRASTRUCTURE:**  Public Sewer/Wastewater  Public Water

**PUBLIC FACILITIES:**  Public Facility

**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 3A– INFRASTRUCTURE PROPOSAL

*The proposal must be clear, concise and labeled accordingly, on letter sized paper in a 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. For all housing units (occupied, vacant or seasonal) and commercial and institutional users, provide an explanation of how the Equivalent Dwelling Units (EDU) were calculated.
3. Provide the name of the owner(s) of the facilities and who will operate them.
4. 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.
5. Explain the status of site control and provide:
  - Copies of purchase agreements or other supporting documentation are included in Exhibit \_
6.  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 3B – PUBLIC FACILITIES PROPOSAL

*The proposal must be clear, concise and labeled accordingly, on letter sized paper in a 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 3C – WATER AND WASTEWATER LATERAL ACTIVITY PROPOSAL

*If proposing laterals for the primary water or sewer activity, applicants must provide the following information. The proposal must be clear, concise and labeled accordingly, on letter sized paper in a 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 (24 CFR Part 35). 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/](http://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/](http://www.hud.gov/offices/lead/).

Lead Based Paint Plan included in Exhibit \_\_\_\_\_

**FORM 4A – PUBLIC INFRASTRUCTURE/FACILITIES ACTIVITY DETAIL NATIONAL OBJECTIVE LMA, SBA, SBS**

**APPLICANT NAME:**

**ACTIVITY NAME:**

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

Public Infrastructure/Public Facility: Beneficiaries From Activity		
Median Income**	# Of:	
Source Of Data: <input type="checkbox"/> Income Survey    Census***: <input type="checkbox"/> Tract <input type="checkbox"/> 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		

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

**For public sewer and water projects only:**

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? \_\_\_\_\_%
3. What is the one-time municipal hook-up or special assessment fee (per household)? \$\_\_\_\_\_

Public Sewer/Wastewater and Public Water: Public Approval/Site Control	Yes	District Formation/ Referendum Date	No	Undetermined
District Formation Required				
Public Referendum Required				
Site Control Obtained				

**For public facility projects only:**

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

Demolition Activities	
Building Type	# To Be Demolished:
<input type="checkbox"/> Public Facilities	Facilities:
<input type="checkbox"/> Residence	Units:
<input type="checkbox"/> Commercial	Spaces:

**FORM 4B–WATER AND WASTEWATER LATERAL ACTIVITY DETAIL NATIONAL OBJECTIVE LMH**

**APPLICANT NAME:**

**ACTIVITY NAME:**

Complete a separate Form 4B for each activity proposed (Single Unit, Multi-Unit (2 Or More Units in a Building) Water/Wastewater Laterals.

<b>Housing Rehabilitation Activity: Number Of Households (HH)/Persons To Benefit From The Activity</b>						
<b>Median Income**</b>	<b>Severely Substandard*</b>		<b>Moderately Substandard*</b>		<b>Totals</b>	
	<b># Of</b>		<b># Of</b>		<b># Of</b>	
<b>Owner Occupied Units</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>
0-30% of HAMFI						
31-50% of HAMFI						
51-80% of HAMFI						
81% and Above						
Totals						
<b>Rental Units</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>
0-30% of HAMFI						
31-50% of HAMFI						
51-80% of HAMFI						
81% and Above						
No Income – Vacant Unit						
Totals						

**FORM 5 – 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 6)				TOTAL FUNDING	
				Source #__	Source #__	Source #__	Source #__	OTHER SOURCES	ALL SOURCES
1									
1A	Program Delivery								
2									
2A	Program Delivery								
3									
3A	Program Delivery								
4									
4A	Program Delivery								
5									
5A	Program Delivery								
6	Total Amount for Engineering								
7	Grant Administration								
8	Total Amount for Program Delivery (Total of 1A -5A)								
9	Total Amount of Funding								
10	Calculate and enter % of Total Project Cost		%	%	%	%	%	%	<b>100%</b>

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 6 – OTHER FUNDING SOURCES**

**APPLICANT NAME:**

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

**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 7 – CDBG PROGRAM INCOME HISTORY**

**APPLICANT NAME:**

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

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 8 – 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 <b>NYS CDBG PROGRAM</b>	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). <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No.
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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:

- 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
- 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:	Date: (mm/dd/yyyy)
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## FORM 9 – 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 purposes 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)

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- 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 the OCR changes during the performance of the grant, the Applicant shall inform the 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 the 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, the 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.

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Signature of Authorized Official

Date