



**County of Lexington
Community Development Block Grant Program
Application for Assistance
2014 Program Year**

(Please refer to the Application Instructions and Handbook for assistance in completing the application)

1. General Information

Locality/Organization Name	Authorized Official Name/Title	
Address	Telephone	Fax
City, State, Zip	DUNS Number	
Contact Person Name/Title	Contact Person Email	

2. Project Information

Project Title	
Location of the Project <i>(Attach maps showing the general and specific location of the project)</i>	
Total Estimated Project Cost	Total CDBG Funds Requested
Project Description <i>(Briefly describe the use of CDBG for the project)</i>	
<i>(A complete description of the project will be given in response to the narrative questions)</i>	
Project Schedule/Timeline	
Start Date:	End Date:

3. Grant Administration

A. Will your organization be responsible for administering the grant and ensuring all compliance requirements? If not, please provide the point of contact.
B. What experience do they have in administering CDBG projects?

4. Select the Eligible Activity (See Application Handbook - Section 3)

<input type="checkbox"/> Acquisition	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Public Services
<input type="checkbox"/> Clearance/Demolition	<input type="checkbox"/> Housing	<input type="checkbox"/> Relocation
<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Public Facilities & Improvements	<input type="checkbox"/> Other- List

5. Select the National Objective the Project Will Meet (See Application Handbook - Section 3)

Benefit to low- and moderate-income persons (Select one criterion below)

- Area Benefit Limited Clientele Jobs Housing

Aid in the prevention or elimination of slum or blight (Select one criterion below)

- Area Basis Spot Basis

6. Documentation of the National Objective

A. How will you document the benefit to low- and moderate-income persons? (Select only one)

- Income verification documentation (tax returns, pay stubs, etc.)
- Income survey verifying at least 51%, by using
 Participant Survey Local Income Survey (Area Benefit and Water/Sewer Connection Projects)
- Serving 100% of clientele that meet one of the following presumed benefit categories
 Abused Children Illiterate Adults Homeless Persons
 Battered Spouses Migrant Farm Workers Severely Disabled
 Elderly Persons (62+) Persons with AIDS

- Census Tract / Block Group Data (Contact Grant Programs staff for guidance)
% of LMI Persons in Area:
List ALL Census Tract(s) and Block Group(s) Numbers to Benefit:

B. How will you document slum and blight? (Select only one)

- Area – substantial number of deteriorated buildings or public improvements in an area. Documentation is attached on the boundaries of the area and the conditions that qualified the area at the time of designation.
- Spot – spot designation and project qualifies for acquisition, clearance, relocation, historic preservation or building rehabilitation (limited to the extent necessary to eliminate a specific condition detrimental to public health and safety).

7. Beneficiary Data (See Application Handbook Section 2)

A. How many people will benefit from the project?

B. Of those, how many are low- to moderate-income?

8. Performance Measurement (See Application Handbook Section 2)

A. The primary purpose of the project is to meet which of the following objective (Select only one):

- Create a suitable living environment
 Provide decent housing
 Provide economic opportunity

B. The project is expected to achieve the following outcome (Select only one):

- Improved availability / accessibility (makes basics available to LMI persons)
 Improved affordability (makes an activity more affordable for LMI persons)
 Improved sustainability (using resources in a targeted area to help make it more viable)

9. Lexington County Priority Needs

A. Choose one of the following priority needs the project will promote:

- Ensure adequate and dependable public facilities are available to provide for basic and essential needs and services.
- Ensure adequate and safe infrastructure to meet basic needs of residents.
- Establish or support programs that provide needed public services and/or increase the level of service provided by existing programs.
- Support and provide assistance to nonprofit and for-profit entities that create, increase or retain employment opportunities for LMI persons.
- Provide and/or support adequate, safe, and affordable housing.
- Provide mechanisms and forums for collaboration, coordination, and capacity building.

10. Narrative Questions (Attach additional sheets if necessary)

A. Provide a detailed description of why funding is needed for the proposed project.

B. What will you accomplish with CDBG funding?

C. What will happen if CDBG funds are not provided for the project?

D. Explain the organization's administrative capacity to carry out the project successfully, e.g., prior CDBG experience with CDBG projects.

11. Public Facilities Renovations and Infrastructure Projects Only

A. Will all renovations and/or construction take place on public property? If not, explain in detail.

12. Public Services Projects Only

A. Please indicate the nature of your project and describe in detail.

- Will the project provide a new service?

- Will the project provide an increase in services?

- Will this be an expansion of services from previous CDBG grant award(s)?

B. If the project is selected for funding, how will you continue to provide services in the future?

C. For projects requesting salaries, provide a plan demonstrating the sustainability of the created position beyond the first year of CDBG funding. Please skip to question #11 if funding for salaries was not requested.

D. What will happen with regard to the project if the position is not funded after the first year?

13. Demolition and Clearance Projects Only

A. Please explain in detail the need for CDBG funds for the demolition and clearance project. Is the identified property condemnable?

B. Does the property owner have the means to personally cover the cost to demolish the structure?

C. Is the property owner willing to sign an acknowledgement that a lien in the amount of demolition costs will be placed upon the property should the property be deemed eligible and assistance granted?

14. Project Budget (Attach supporting documentation)

Public Facilities Renovations, Infrastructure, or Demolition and Clearance Projects

Budgeted Activities	CDBG	Match (10%)	Other Funds	Total Project
Administration of Grant:	\$	\$	\$	\$
Engineering, Architect, or other Professional Services:	\$	\$	\$	\$
Renovation / Construction Costs:	\$	\$	\$	\$
Demolition and Clearance Costs:	\$	\$	\$	\$
Property Acquisition (Easements, Right of Way, etc.):	\$	\$	\$	\$
Environmental Review:	\$	\$	\$	\$
Other (Be Specific):	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total	\$	\$	\$	\$

Funding Source(s) (Attach documentation verifying funds)	Amount of Funds	Committed	Pending
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

List All Funding Received from the County Lexington (Not including CDBG)	Amount of Funds	Committed	Pending
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

Cost Estimate Reasonableness and Accuracy

A. Who prepared the cost estimates?(attach supporting documentation)

- Applicant: Name of Staff Person(s):
- Contracted Engineer - Name of Firm:
- Other Contractor or Consultant - Name of Firm:

B. Was the budget cost estimate prepared within the past six months?

C. On what basis did you determine that the estimated costs were reasonable and accurate?

Non-Construction Projects				
Budgeted Activities	CDBG Funds	Match (10%)	Other Funds	Total Project
Salaries:	\$	\$	\$	\$
Fringe Benefits:	\$	\$	\$	\$
FICA:	\$	\$	\$	\$
Health Insurance:	\$	\$	\$	\$
Worker's Compensation:	\$	\$	\$	\$
Unemployment:	\$	\$	\$	\$
Rent:	\$	\$	\$	\$
Equipment:	\$	\$	\$	\$
Insurance:	\$	\$	\$	\$
Phone/Fax:	\$	\$	\$	\$
Postage:	\$	\$	\$	\$
Printing:	\$	\$	\$	\$
Supplies/Materials:	\$	\$	\$	\$
Travel and Expenses:	\$	\$	\$	\$
Other (Be Specific) :	\$	\$	\$	\$
:	\$	\$	\$	\$
Total	\$	\$	\$	\$

Funding Source(s) (Attach documentation verifying funds)	Amount of Funds	Committed	Pending
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

List All Funding Received from Lexington County (Not including CDBG)	Amount of Funds	Committed	Pending
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>

Cost Estimate Reasonableness and Accuracy

A. Who prepared the cost estimates?(attach supporting documentation)
 Applicant: Name of Staff Person(s):
 Contracted Engineer - Name of Firm:
 Other Contractor or Consultant - Name of Firm:

B. Was the budget cost estimate prepared within the past six months?

C. On what basis did you determine that the estimated costs were reasonable and accurate?

15. Funding Match (Construction and Public Service Projects)

A. Has your organization secured the ten percent (10%) required in matching funds for your proposed project? If not, please provide justification.

16. Letters of Support (Attach and identify at least one letter of support for your project)

Letter of Support From

Letter of Support From

Letter of Support From

17. Other Documentation (Please describe any additional documents included in the application)

Other

Other

Other

18. Certification

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed or construction begun on the proposed project, and that none will be prior to issuance of official authorization to proceed by the Lexington County Community Development Grant Programs Division. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Signature of Authorized Official

Name of Authorized Official

Title

Date

Application Checklist

Please ensure the application includes the following documents:

- Complete and signed application with all required information
- Project budget cost estimate documentation
- At least one letter of support
- Map showing the general location of the project (City/County Level)
- Map showing the general location of the project (Street Level)

Required documents from non-profit organizations

- Non-profit status verification (Copy of 501(c) (3) Internal Revenue Service tax exemption)
- List of Board of Directors
- Articles of incorporation and by-laws*
- Current financial statements and most recent audit
- Organizational chart listing all current employees and all job titles

**Non-profit agencies that have applied in the past three years or currently have a Lexington County CDBG grant do not need to submit the articles of incorporation and by-laws or organizational chart if they have not changed since initially submitted.*