

# HOCKING COUNTY 2011 CDBG FORMULA PROGRAM

## APPLICATION TO COUNTY FOR FUNDING CONSIDERATION

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This application is due to Hocking. Athens. Perry Community Action *no later than April 15, 2011*. Please mail or deliver your application to:

Hocking. Athens. Perry Community Action  
Attn: Sandy Johnson  
3 Cardaras Dr./ PO Box 220 Glouster, OH 45732

*Eligible applicants include local governments, local government agencies, fire departments, police departments, and non-profits serving low- and moderate-income individuals. Individuals are not eligible to apply.*

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### **INSTRUCTIONS:**

Type or print responses to the questions and attach all documentation listed in the ‘attachments’ section. Use additional sheets of paper if needed to answer questions. *If you have any questions or need assistance, please call the Community Development staff at Hocking. Athens. Perry Community Action at 800-686-1093 or 740-767-4500 or email them at [cdbginfo@hapcap.org](mailto:cdbginfo@hapcap.org).*

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To be considered for funding by the County for the CDBG Formula Allocation Program, I/we acknowledge and understand the following:

- I. Proposed projects must be completed by December 31, 2012. Work on typical construction projects will not begin until spring 2012.
- II. Cost estimates must be itemized, signed, and provided by a qualified professional source (engineer, architect, county engineer, etc.).
- III. All cost estimates for construction projects with an estimated cost of \$2,000 or more must include federal prevailing wages. *This must be noted on the cost estimate submitted with this application.*
- IV. Projects must qualify based on benefiting areas which are at least 51% low- and moderate-income per the 2000 US Census Data or valid Income Survey.
- V. If an Income Survey is required to qualify the project, it is the applicant’s responsibility to meet with Hocking. Athens. Perry Community Action Community Development staff to receive instructions on how to properly conduct an Income Survey.
- VI. If an Income Survey is required, it is the applicant’s responsibility to conduct the Income Survey prior to the due date.
- VII. All non-residential construction and improvements must meet or exceed State Building Codes.
- VIII. Chip and Seal and gravel based road improvements are not eligible.
- IX. Only the County may enter into contracts for your project. If funded, the applicant understands that the county is the recipient of the grant and must enter into all contracts for the activity. The local applicant is not authorized to perform any procurement activities for this project.
- X. If the project is funded, it is the applicant’s responsibility to secure any additional funding required to complete the project due to cost over-runs.
- XI. If funded, the applicant understands that all administration and procurement activities must follow CDBG requirements.
- XII. All required rights-of-way, easements, and property needed for the proposed activity are owned by the applicant or applicant has received authority from the owner/s.

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**Printed Name of Authorized Official of Applicant** **Title**

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**Signature of Authorized Official** **Date**

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**QUESTIONS:**

- 1) Name and contact information of applicant. (Examples of applicants are citizen groups, townships, villages, fire departments, etc.)
  - a. NAME: \_\_\_\_\_
  - b. ADDRESS: \_\_\_\_\_
  - c. PHONE: \_\_\_\_\_
  
- 2) Name and contact information of primary contact person for applicant. (Examples of contact persons are mayors, council person, township trustee, fire chief, village administrator, etc.)
  - a. NAME: \_\_\_\_\_
  - b. ADDRESS: \_\_\_\_\_
  - c. PHONE: \_\_\_\_\_
  - d. Email: \_\_\_\_\_
  
- 3) Location of the project. An address is required. If there is no mailing address, please provide the closest physical address to the site.
  - a. PHYSICAL ADDRESS: \_\_\_\_\_
  - b. MAILING ADDRESS: \_\_\_\_\_
  - c. COUNTY: \_\_\_\_\_
  - d. TOWNSHIP: \_\_\_\_\_
  - e. DOES THE APPLICANT OWN THIS PROPERTY/BUILDING?  YES  NO
    - i. IF YES, ATTACH PROOF OF OWNERSHIP
    - ii. IF NO, ATTACH PROOF OF OWNERSHIP AND APPROVAL OF THE PROJECT BY THE OWNER
  - f. DESCRIBE THE PROJECT BENEFIT AREA (Village, Neighborhood, Street, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - g. LMI% OF BENEFIT AREA: \_\_\_\_\_% (Please call 800-686-1093 if you are unsure)
    - i. From 2000 Census Data \_\_\_\_\_
    - ii. From Income Survey \_\_\_\_\_





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**COST BREAKDOWN IMPORTANT: PLEASE REVIEW THE COST ESTIMATE GUIDELINE SHEET BEFORE PREPARING YOUR COST BREAKDOWN. A COPY OF THE COST ESTIMATE PREPARED BY THE DESIGN PROFESSIONAL MUST BE INCLUDED WITH THIS REQUEST.** Provide a cost breakdown of the project including the total cost of the project, the amount of CDBG funding you are requesting and the sources for all other funding. Please note that any additional funding will need to be in place and documented as committed by May 2, 2011 resolutions, statement from treasurer on the applicant's letterhead, etc.). If your CDBG application is approved and anticipated funds from other sources are not received it will be your (the applicant's) responsibility to secure replacement funding or risk losing the CDBG funding.

**INSTRUCTIONS FOR PROJECT COST BREAKDOWN:**

1. This is the amount of funds you are requesting from the County through its 2010 CDBG Formula Grant Program application.
2. This is the amount of local contribution. A local contribution is not required, but is encouraged if the applicant has funds available. If you intend to provide a local contribution, indicate whether these funds have been committed to the project by circling Y (yes) or N (no).
3. Other sources of funds. This could be from other grants such as ARC or ODNR. It is not required that you have other sources of funds. If other funds will be used on this project, indicate whether these funds have been committed to the project by circling Y (yes) or N (no).
4. Same as #3.
5. Same as #3.
6. Same as #3.
7. Same as #3.
8. Enter the value of in-kind labor, if any, you intend to use on this project.
9. Enter the total project cost.

PROJECT COST BREAKDOWN			
<b>(1) Requested CDBG amount:</b>			\$
<b>(2) Local Contribution ( if applicable)</b>		<b>Committed? Y N</b>	\$
<b>(3) Other: Source:</b>		<b>Committed? Y N</b>	\$
<b>(4) Other: Source:</b>		<b>Committed? Y N</b>	\$
<b>(5) Other: Source:</b>		<b>Committed? Y N</b>	\$
<b>(6) Other: Source:</b>		<b>Committed? Y N</b>	\$
<b>(7) Other: Source:</b>		<b>Committed? Y N</b>	\$
<b>(8) In-kind labor (if applicable):</b>		<b>Committed? Y N</b>	\$
<b>(9) TOTAL PROJECT COST</b>			\$

\*\* Financial commitments are to be on letterhead and a copy needs to be attached to this request. Financial commitments are to be signed by an authorized official of the entity requesting funding.

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**ADDITIONAL INFORMATION:**

1. If in-kind labor or forced account labor will be used, answer the following:
- a. Detailed explanation of what kind of work will be done utilizing in-kind/forced account labor:

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- b. What expertise do you have in order to do the proposed work?

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2. If additional funds are planned to be used on this project but have not yet been committed, please provide an explanation regarding the source and when the funds are expected to be committed.

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3. Please use this space to provide any additional information about your project not covered elsewhere in this application (optional).

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### SITE INFORMATION

CDBG funded construction projects are required to undergo an environmental review process. The environmental review process may result in conditions which could add to the cost of the project. These questions are intended to help you and the design professional submitting the cost estimate take into consideration any potential environmental issues that may affect the cost of the project. Please remember that if your project is funded, the amount of the grant award will not be increased and it will be your responsibility to secure any additional funding that may be required to complete the project.

*Please consider your entire project when answering the following questions.*

1. Does your project involve a building? If so, what year was it built? \_\_\_\_\_
2. If your project involves a building, are there any existing code violations that need to be addressed?  Yes  No
  - a. If yes, will this project address those code violations?  Yes  No
3. Certificate of Occupancy Requirement for activities involving an existing building:

#### SECTION 111 CERTIFICATE OF OCCUPANCY

**111.1 Approval required to occupy.** No building or structure, in whole or in part, shall be used or occupied until the building official has issued an approval in the form of a certificate of occupancy. The certificate of occupancy shall indicate the conditions under which the building shall be used. The building owner shall only use the structure in compliance with the certificate of occupancy and any stated conditions. The structure and all approved building service equipment shall be maintained in accordance with the approval. When a building or structure is entitled thereto, the building official shall issue a certificate of occupancy

- i. **I have read the above statement and certify that the structure pertaining to this request for funding is in compliance with Section 111 – Certificate of Occupancy of the Ohio Building Code. I understand a copy of the Certificate of Occupancy may be required if this project is selected for funding.**
- ii. \_\_\_\_\_

Signature of applicant

Date

4. Does the building or project area contain asbestos, lead, or other materials which have special disposal considerations?  Yes  No
5. Does the building or project location have any historical significance?  Yes  No
  - a. If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is the project in a historic district or neighborhood?  Yes  No
7. Will the project affect brick streets or sidewalks?  Yes  No

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8. Is the project site located in or near the floodplain or wetlands?  Yes  No
9. Are there any streams on or near the project site?  Yes  No
10. Will the project involve excavation or clearing of undisturbed land?  Yes  No
11. Will the project involve demolition?  Yes  No
12. Will easements need to be acquired?  Yes  No
13. Will any access fees be charged (examples: sewer or waterline hook-up, membership fees, etc.)?  
 Yes  No
14. Is the project site near any natural features such as bluffs or cliffs or near the Wayne National Forest?  Yes  No
15. Are there any unusual conditions on the site?  Yes  No
16. Will the project change the current use of the building/site?  Yes  No
17. Is the proposed project in compliance with local zoning?  Yes  No

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### ATTACHMENTS

#### **THE FOLLOWING ARE REQUIRED FOR ALL PROJECTS:**

1. COST ESTIMATE – Cost estimates must be from an architect, engineer, or appropriate professional on their letterhead. Be sure the cost estimate includes all items in the *Cost Estimate Guidelines* form.
2. COMMITMENT LETTER(S) – Commitment letters are needed from all sources of funds for the project other than CDBG. Include letters for volunteer labor and in-kind contributions. All funds committed to the project must be on letterhead and officially documented as committed to the project by May 2, 2011.
3. MAP – Indicate the location of the project and draw a border around the benefit area.
4. PROOF OF OWNERSHIP – Proof that the applicant has the authority to request this project.

#### **THE FOLLOWING ARE OPTIONAL ATTACHMENTS FOR ALL PROJECTS:**

1. Photographs of the project area to visually document need.
2. Copies of newspaper articles about the project.
3. Any other pertinent information that will help the County Commissioners understand why your community needs this project.

#### **THE FOLLOWING IS REQUIRED IF THE APPLICANT IS A NON-PROFIT:**

1. COPY OF CONSTITUTION AND BY-LAWS.

#### **THE FOLLOWING IS REQUIRED IF THE APPLICANT IS A FIRE DEPARTMENT:**

1. COMPLETE LIST OF EQUIPMENT – Attach a complete list of equipment needed to meet specific safety requirements of the industrial commission of Ohio relating to fire fighting, ORC 4121:1-21, along with an itemized list of equipment request and estimate(s) of cost.

#### **THE FOLLOWING ARE REQUIRED IF THE PROJECT IS FOR THE PURCHASE OF EQUIPMENT FOR A PUBLIC SERVICE:**

1. PROGRAM DESCRIPTION – Describe the agency, services, and clientele and how the proposed activity meets a national objective (limited clientele or low-moderate income). Discuss the service and whether it is a new service or expansion of an existing service.
2. LEVEL OF SERVICE –
  - a. Define how the service is measured. Identify a unit of service (e.g. nights of shelter, meals per day, individuals served per month, etc.).
  - b. Identify the *previous year's* source of funds and respective funding levels.
  - c. Document the previous calendar year's level of service in units.
  - d. Identify the upcoming year's projected source of funds and respective funding levels.
  - e. Project the upcoming year's level of service both with and without CDBG funding.
  - f. Indicate the percentage of clients or persons served who reside in your community.

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### APPROXIMATE TIMELINE:

#### 2011

- April 15 Applications Due
- Late April\* Project presentations to the County Commissioners
- Early May Project selections
- Early May\*\* Income Survey meeting (if required)
- Late May Income Surveys due (if required)
- Early June Public Hearing #2/Finalize project selections
- Early June Prepare County's Formula Grant application
- Mid-June Submit County's application to the state
- September Grant award
- October-December Environmental Reviews

#### 2012

- January-April Procure Design Professionals and project design phase
- May-November Construction Phase
- December Deadline for project completion

\*-Applicants will be notified of actual date when scheduled

\*\* -Applicants required to complete an Income Survey will be notified of actual date.

### **FOR ADDITIONAL INFORMATION, PLEASE CONTACT:**

The Community Development Department at  
Hocking. Athens. Perry Community Action  
3 Cardaras Dr. / PO Box 220  
Glouster, OH 45732  
740-767-4500 / 800-686-1093

[cdbginfo@hapcap.org](mailto:cdbginfo@hapcap.org)