



**BUCKS COUNTY
2019 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PUBLIC FACILITIES IMPROVEMENTS APPLICATION**

Project Name:

1. Project Description:

A. Complete the table below

| Place a check in the box for each item that will be addressed by your proposed project. (See Instructions Packet for Eligible Activities). | Indicate whether the project will construct a new facility or rehabilitation/reconstruction an existing facility. | If rehabilitation/reconstruction, will the project change the size or capacity of the facility by more than 20 percent? | If rehabilitation/reconstruction, will the project change the land use? |
|--|---|---|---|
| PF-01 Neighborhood Facilities | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PF-02 Senior Centers | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PF-03 Handicapped Centers | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PF-04 Health Facilities | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PF-05 Youth Centers | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PF-06 Child Care Centers | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PF-07 Homeless Facilities | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Public Facilities Specify: _____ | <input type="checkbox"/> New <input type="checkbox"/> Existing | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

B. Provide a detailed description of the above-identified public facility(ies) or public infrastructures to be provided or improved, including an indication of new materials, dimensions, and quantities, and as applicable, existing materials, dimensions, and quantities.



C. Indicate the primary function, within their setting, of the public facility(ies) or public infrastructure to be provided or improved, and discuss, as applicable, any programs or services that will be the result of the improvements.

D. Has any construction work or related activities already been initiated on this activity?

Yes No

If yes, please describe:

E. Does this activity require:

Federal, State, or Local permits? Yes No

Identify: _____

Federal, State, or Local Reviews/Approvals? Yes No

Identify: _____

Approval from the building owner? Yes No

F. Has a design professional been engaged to develop project specifications and a cost estimate for this activity?

Yes No

If yes, was firm was hired through a competitive procurement process?

Yes No

If yes, please attach documentation of this process.

G. Have federal prevailing wage rates pursuant to the Davis Bacon Act been factored into the cost estimate for this activity?

Yes No

If yes, please indicate the General Decision Number that was used: _____

H. If your project is not funded by the County, please indicate how this activity would be carried out in the absence of these funds.

I. Do you intend to levy special assessments to recover the cost of the improvements?

Yes No

If yes, discuss in detail your procedure to levy special assessments to recover the cost of the improvements in relation to the restrictions imposed by CDBG regulations at 24 CFR 570.200(c).

J. Does the proposed activity relate to any master plan to provide or improve the public facility or infrastructure in the same neighborhood or geographic area?

Yes No

If yes, attach a detailed description of the scope of work for the entire project that identifies the individual component phases, the project schedule and sequencing, and the financial plan for supporting all costs of the comprehensive improvements.

K. Does the proposed activity relate to and contribute to the feasibility of the development of affordable housing, particularly outside of areas of racial, ethnic, and low/moderate income concentration?

Yes No

If yes, discuss the relationship and contribution to affordable housing.

2. Project Location:

A. Indicate the location from where the project will be implemented (i.e. street address) and include a map that clearly identifies this location and the service area.

B. Indicate if the activity is located in or will have any impact on the following? *(Check Yes or No)*

(i) Historic district, site, building, structure, or object included in or eligible for the National Register of Historic Places or otherwise deemed of historical importance by local government?

Yes No

If yes, include name of historic property or district:

(ii) Floodway, Coastal High Hazard Area, 500-year Floodplain, or 100-year Floodplain?

Yes No

C. Describe any existing buildings and site features.

D. Does your facility conform to the Uniform Federal Accessibility Standards (UFAS) (appendix A to 41 CFR part 101-19, subpart 101-19.6, for general type buildings) as required by the Architectural Barriers Act of 1968 and the Americans with Disabilities Act of 1990?

Yes No

i) If "Yes," please check which areas of your facility can accommodate clients with a disability:

Parking area Entry Counters Restrooms Elevators

(ii) If "No," how will your organization serve/accommodate persons with a disability?

E. Is the public facility a component of a multi-use building?

Yes No

If yes, discuss how the proposed project will assist with improvements to a designated and discrete area within the larger facility that is eligible for CDBG.

F. Indicate the year the building was constructed (as applicable.):

G. Does your organization own this building?

Yes No

If no, indicate the current owner of record:

H. Does the building currently lease any space to a tenant?

Yes No

I. What is the current permitted land use?

3. Project Benefit

A. Choose one that best describes the beneficiaries of this project:

- Provide documentation of procedures to obtain information on family size and income so that it is evident that at least 51% of the clientele being served by the public facility/services are persons whose family income does not exceed the low and moderate income limit.
- Provide documentation which describes any income eligibility requirements which limit the programs or services exclusively to low and moderate income persons.
- Provide documentation which describes how the nature and, if applicable, the location of the public facility establishes that the service will be provided predominately to low and moderate income persons.
- Provide census documentation which describes the service area is predominately low and moderate income persons.

B. Check the boxes below that the project will predominately serve (if applicable) and provide supporting documentation:

- Chronically Homeless
- Severely Mentally Ill
- Chronic Substance Abuse
- Other Disability
- Veterans
- Persons with HIV / AIDS
- Victims of Domestic Violence
- Elderly (62+)

C. Provide an estimate of the number of beneficiaries that will be served directly and indirectly by your proposed project.

4. Project Budget

Provide a detailed project budget, consider the following while preparing the budget:

- A. Describe the use of non-CDBG funds in the budget. As part of HUD's new Performance Measurement System, sub- recipients are required to report the amount of funds leveraged by other sources. *CDBG may reimburse up to 100% of the total construction costs as approved in the budget. Sub-recipient will pay any engineering costs as matching funds.*
- B. CDBG Funds may not be available to address a project in its entirety. To be considered for partial funding, the budget must contain separate cost estimates for each work element proposed.
- C. If the project goes over budget, does the applicant have funds available to contribute?
- Yes No

D. If so, will the unexpected cost cause the project to be delayed?

Yes No

Please explain:

E. Describe any major procurement anticipated to be undertaken with CDBG funds for this project. Please attach your agency's procurement policy.

F. Include how you propose to coordinate your services with other community agencies and leverage resources by providing information on the other funding sources for the project.

Please use Sheet A in the budget template. *Please note that if the application is approved, the project budget becomes a binding part of the agreement between the applicant and the County, therefore the projected figures must be accurate.*