



**BUCKS COUNTY
2020 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
SUPPLEMENTAL APPLICATION**

Project Name: _____

Project Type: Public Service Housing Economic Development Public Facilities Improvements

1. Project Description:

A. Complete the table below

Check the box for each item that best describes your proposed project.	Project is a service with no physical alterations to the environment.	Indicate whether the project is a new or existing service/ facility.	Will the project change the size or capacity of the facility by more than 20 percent?	Will the project change the land use?
Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neighborhood Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Senior Centers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handicapped Centers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth Centers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care Centers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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 : _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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. Describe the problem or need that the proposed project is intended to address.



C. In the space below please write a detailed scope of work for your proposed project. Please include all proposed work necessary from start to finish, activities to be undertaken, or services to be provided, and also describe specifically how the requested CDBG funds will be used.

Please be sure that this narrative is an accurate description of the proposed project in its entirety.

D. Describe how the activity scope is adequate to meet the identified needs of intended beneficiaries. Describe the impact the proposed solution will have upon low and moderate income persons. What documentation will your agency submit to certify beneficiaries?

E. How will you measure your impact? Please quantify your expected outcomes for the proposed project (e.g., 4 storm sewer drains replaced, 600 lf of street resurfaced, 75 individuals served per month).

F. Does the proposed activity relate to any strategic plan to provide or improve services, facilities 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.

G. Please state the project objective that most accurately describes what you intend to accomplish by carrying out this activity. Please select only one from the following choices:

- Suitable Living Environment - Activities that benefit communities/ families/individuals by addressing issues in their living environment.
- Decent Housing - Housing activities that meet individual family or community needs; should not be used for activities where housing is an element of a larger effort.
- Economic Opportunity - Activities related to economic development, commercial revitalization, and job-creation.

H. Please state the proposed project performance measurement outcome that most accurately describes what you intend to accomplish by carrying out this activity. Please select only one from the following choices:

- Availability/Accessibility - Activities that make services, infrastructure, housing, and shelter available and accessible. *Note that accessibility does not only refer to physical barriers.*
- Affordability - Activities that provide affordability in a variety of ways. It can include creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or daycare.
- Sustainability - Activities that promote livable or viable communities and neighborhoods by providing services or by reviving slums or blighted areas.

I. Goal addressed by proposed project: (select only one)

- Housing rehabilitation of existing single family and multi-family units - Improve the quality of housing stock through rehabilitation of existing single family and multi-family units.
- Aid in the construction of new rental units and rental assistance - Aid individuals and families with finding affordable living environments through new rental units and rental assistance.
- Public services - Assist individuals and families in obtaining the necessary public services to improve their quality of life.
- Public infrastructure and community facility projects - to meet the needs of their municipalities in preserving neighborhoods and communities by providing critical assistance for public infrastructure and community facility projects.
- Clearance and demolition - Provide the necessary assistance to clear and demolish to address conditions detrimental to public safety & health. Site has been designated as slum, blighted or deteriorated under state or local law
- Develop economic opportunities to improve the economic environment.
- Further fair housing and address impediments to housing choice.

J. Please describe the specific programs available at the project site (public meetings, services, housing: transitional, permanent, rental agreements, length of stay, number of units vacant)

K. How does your agency propose to coordinate services with other community agencies and leverage resources?

2. Project Location:

A. What is the specific project location, include the municipality, street address, or intersection and cross streets.

B. Describe the targeted service area of the proposed project, include boundaries of the service area, and justification for the delineation of the service area, include Census tracts and Block group(s).

- C.** Attach maps of the jurisdiction which clearly depicts the following:
1. Census geography with boundaries relative to clearly identified landmarks.
 2. Location/incidence/concentration of low and moderate income and minority persons based upon ACS data or surveys.
 3. Location of each activity, clearly delineating the area of benefit.

D. 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, 100-year Floodplain, or Wetlands?

Yes No

E. Indicate whether the property is owned or rented; if rented provide a copy of the lease and documentation demonstrating your authority to carry out the project.

F. Indicate the primary function, of the facility(ies), infrastructure, or service to be provided or improved.

G. What is the current permitted land use:



H. Does your facility(ies) comply with Americans with Disabilities Act (ADA) requirements regarding accessibility.

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?

I. 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.

J. Is the 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:

K. Does the building currently lease any space to a tenant? (as applicable)

Yes No

L. Does this activity require:

Federal, State, or Local permits? Yes No
Identify: _____

Federal, State, or Local Reviews/Approvals? Yes No
Identify: _____

Approval from the property owner? Yes No

3. Project Funding:

A budget and timeline template has been provided, please fill as much details about the proposed project as well as attach a cost estimate. Please consider the following while preparing the budget:

- A. If the project goes over budget, does the applicant have funds available to contribute?
 Yes No

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.

- B. If CDBG funds are 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. Please attach your agency's procurement policy.
- D. Attach any letters of commitment from other funding sources.

- E. Describe the use of CDBG as well as non-CDBG funds in the budget. As part of HUD's new Performance Measurement System, subrecipients are required to report the amount of funds leveraged by other sources.

Total Project Cost:

CDBG: \$ _____

Federal: \$ _____

State: \$ _____

Local: \$ _____

Private: \$ _____

Other: \$ _____

Total: \$ _____

Committed Funding:

Yes No

Yes No

Yes No

Yes No

Yes No

- A. Describe your operation plan for capital improvement. Describe how the improvement will be maintained and how this will be paid for.

B. 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):

C. Does your proposed budget include engineering costs? Yes No

If engineering costs are included in your project budget please also attach documentation of the procurement process used to obtain engineering services. As per Code of Federal Regulations found at 2 CFR 200.320 if the engineer was not hired through a competitive procurement process, the Subrecipient will pay engineering costs as matching funds.

D. 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 referenced: _____

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

F. Please describe project readiness. Is the project ready to be implemented immediately? If the project is not ready to be immediately implemented describe why and what is needed to become ready.

G. Is there any project phasing and/or reduction options? Please be as descriptive as possible in this section, as this information will be used in funding decisions.

3. Project Benefit

A. Describe the process that determined the client benefit information? (Select only one and attach documentation to application.)

- 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; or
- Provide documentation which describes any income eligibility requirements which limit the programs or services exclusively to low and moderate income persons; or
- 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; or
- Provide census documentation which describes the service area is predominately low and moderate income persons.

B. Check the box(es) below that represent population(s) served by your proposed project:

- Chronically Homeless (emergency shelter only)
- Severely Mentally Ill
- Chronic Substance Abuse
- Other Disability
- Veterans
- Persons with HIV / AIDS
- Victims of Domestic Violence
- Elderly (62+)
- Low - Moderate Income Persons (clientele)
- Low - Moderate Income Households
- Other: _____

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

D. Do you anticipate an increase in services offered or will this project be a new service? Please explain.