



BUCKS COUNTY – FY 2010 CDBG APPLICATION

Bucks County Department of Community & Business Development
1260 Almshouse Road, Doylestown, PA 18901, 215/345-3840

In filling out this application, please refer to Guidelines and Application Instructions. All applications must be submitted in print form (**one original and two copies**).

PART 1: APPLICANT INFORMATION

A. ORGANIZATION

Applicant Name:	Employer Federal ID Number:
Mailing Address:	DUNS Number:

B. CONTACT PERSON

Name:	Title:
Phone:	E-Mail:

C. PROJECT NAME & LOCATION

Project Name:	Census Tract	Census Block Group	% Low/Mod Income
Municipality where Project is Located:			
Project Street Address:			

D. PROJECT FUNDING

CDBG Requested:	\$ _____
Organization Funds:	\$ _____
State Funds:	\$ _____
Other–Federal Funds:	\$ _____
Other–Private Funds:	\$ _____
Total Project Cost:	\$ _____

E. PROJECT ELIGIBILITY

National Objective:	Activity:
<input type="checkbox"/> Low/Mod Area Benefit	<input type="checkbox"/> Public Facilities
<input type="checkbox"/> Low/Mod Limited Clientele	<input type="checkbox"/> Public Services/Equipment
<input type="checkbox"/> Low/Mod Housing	<input type="checkbox"/> Housing
<input type="checkbox"/> Low/Mod Jobs	<input type="checkbox"/> Economic Development
<input type="checkbox"/> Blight Elimination	<input type="checkbox"/> Planning/Admin (County)
<input type="checkbox"/> Planning/Administration (County only)	Target Beneficiaries:
	<input type="checkbox"/> Lower Income Persons
	<input type="checkbox"/> Disabled Persons
	<input type="checkbox"/> Homeless
	<input type="checkbox"/> Seniors
	<input type="checkbox"/> Other: _____

F. ESTIMATED BENEFICIARIES:	#
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G. ASSISTANCE PER BENEFICIARY:	\$
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PART 2: NEED AND PROPOSED PROJECT - must answer in space provided

A. Describe 1) the specific need, and 2) the population that would benefit from implementation of the project.

B. Describe method used to identify the need.

C. Describe proposed project: work to be performed, activities to be undertaken, or services to be provided.

D. Describe specific actions taken to pursue other funding sources and why CDBG funding is required.

E. List the permits, licenses, or other approvals required and their approval status.

F. If any other organization will be involved with the project, list each and describe individual role.

G. Will the facility or service be accessible to persons with disabilities upon project implementation (explain)?

H. Describe why the project is a high priority and cannot be reasonably postponed.



I. Beneficiary Information.

Race	Total Number	Number Hispanic
White		
Black/African American		
American Indian/Alaskan Native		
Native Hawaiian/Pacific Islander		
Asian		
More than one Race		
TOTAL:		

J. Describe the organization's fiscal management, controls, and oversight.

[Empty text box for fiscal management description]

K. Describe any audit findings, liens, investigations, or probation by any oversight agency in the last five years.

[Empty text box for audit findings description]

L. Is the facility accessible to persons with disabilities?

Is the facility accessible to persons with disabilities, or will it be made accessible through project implementation?

Yes No

M. Identify all of the projects currently open that have been allocated CDBG funding.

Project #	Project Name	Balance of CDBG Funding	Current Project Status	Target Completion Date	Time Extension Required	
					Yes*	No
		\$	Click Here Choose One		<input type="checkbox"/>	<input type="checkbox"/>
		\$	Click Here Choose One		<input type="checkbox"/>	<input type="checkbox"/>
		\$	Click Here Choose One		<input type="checkbox"/>	<input type="checkbox"/>
		\$	Click Here Choose One		<input type="checkbox"/>	<input type="checkbox"/>
		\$	Click Here Choose One		<input type="checkbox"/>	<input type="checkbox"/>
TOTAL:		\$			<input type="checkbox"/>	<input type="checkbox"/>

* **Note:** All extension requests must be submitted in writing and approved by the CDBG Board.

No CDBG projects open or under implementation

N. Insurance

Amount of liability insurance carried: \$ _____

Will liability insurance policy cover the proposed project? Yes No

O. Taxes: Is organization current on its payroll and workers' comp?

Yes. No. Explain: _____



ATTACHMENT - 1 PUBLIC IMPROVEMENT PROJECTS

A. TYPE OF IMPROVEMENT

1. Public Facilities & Infrastructure

- | | | |
|--|---|--|
| <input type="checkbox"/> Street/Roads Reconstruction | <input type="checkbox"/> Sidewalk and Curb Reconstruction | <input type="checkbox"/> Water Line Installation |
| <input type="checkbox"/> Sewer Line Installation | <input type="checkbox"/> Drainage Improvements | <input type="checkbox"/> Parks & Recreation Facilities |
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Parking Facilities | <input type="checkbox"/> Other (specify): _____ |

2. Blight Elimination (must also complete ATTACHMENT 3)

- Spot Basis Blight Elimination (Area Basis)

B. LOCATION

- Attach location map clearly showing the location of the proposed improvement
- Provide general description of specific location, general points of reference, and beginning and ending points:

C. DOCUMENTATION OF CONDITIONS

- Attach 3X5 inch photographs
- Attach engineering or other reports attesting to facility condition and needed improvement(s).

D. PROVIDE SPECIFIC MEASUREMENTS FOR PROJECT (e.g., length, width, units)

E. ENVIRONMENTAL CONDITIONS

- a. **Does any portion of the property include a wetland area?**
 Yes. Attach map showing location of the wetland. No
- b. **Is any portion of the property on the floodplain?**
 Yes. Attach copy of flood insurance policy. No
- c. **Has a storm water plan been prepared?**
 Yes, one has been completed No
- d. **Has any portion of the property ever been contaminated?**
 Yes. Attach information on the type(s), source(s), and extent of contamination, along with measures to remediate this condition.
 No.

F. USEFUL LIFE OF IMPROVEMENT CERTIFICATION

- Attach certification by professional engineer or other qualified professional attesting the improvement will have extend the useful life of the asset by a minimum of eight (8) years.

G. SERVICE AREA

- Attach map showing the area that will be serviced by the project.

Describe how service area was determined:



H. OUTCOME INDICATORS

1. Infrastructure Indicators

This table must be filled out for projects such as the following:

- Water improvements
- Street Improvements
- Sewer Improvements
- Flood Drain Improvements
- Street/Road/Sidewalk Improvements

Estimate

Persons

- Total Number of persons who will benefit from infrastructure improvements
- # of low/moderate income who will benefit from infrastructure improvements
- Number of persons who are disabled.....

Infrastructure Facilities

- Number of facilities being improved.....

2. Public Facilities Indicators

This table must be filled out for projects such as the following:

- Parks and Recreation
- Parking Facilities
- Accessibility

Persons

- Total number of persons who will benefit from facility improvements
- Number of low/moderate income beneficiaries who will benefit from facility Improvements
- Number of additional (above current level) low/mod income persons who will benefit...
- Number of beneficiaries who are
 - Physically disabled
 - Mentally disabled.....
 - Other disability (list): _____

Buildings/Structures

- Number of building/structures being improved.....
- Number of buildings/structures brought up to code
- Total building/structure area.....
- Size of improvement area.....



ATTACHMENT - 2 PUBLIC SERVICES PROJECTS

This attachment must be completed by all NONPROFIT organizations applying for funding to support service delivery. All projects must demonstrate either an increase in the level of service or an increase in the number of persons served. Note: CDBG regulations forbid the use of CDBG funding to replace another funding source that was cut.

A. FUNDING REQUEST IS FOR:

- Services Purchase of Equipment

B. DESCRIBE EXPERIENCE PROVIDING SERVICES TO THE COMMUNITY:

C. LICENSING REQUIREMENTS

Does the project require any licenses or permits?

- Yes. Attach list of license or permit the requirements, including the name, issuer, and renewal date (if applicable).
 No.

D. PROPOSED STRATEGY

1. Do you have any mechanisms to track clients low/mod clients served and evaluate outcomes?
 Yes. Please attach description
 No.

E. ELIGIBILITY

Please answer the following:

1. Is the project a new service currently not being provided to the target population?
 Yes.
 No
2. If the project is not a new service, will it generate a significant increase in the number of persons served?
 Yes.
 No

F. OUTCOME INDICATORS

1. Continuation of Services	<u>Estimate</u>
• Number of Single Persons	<input type="text"/>
• Number of Families	<input type="text"/>
 2. New Service	
• Number of low/mod persons who will be assisted with new service.....	<input type="text"/>
• Number of seniors.....	<input type="text"/>
• Persons with disabilities.....	<input type="text"/>
 3. Increase in Number of Persons Served	
• Number of low/mod persons who will be assisted with new service.....	<input type="text"/>
• Number of seniors.....	<input type="text"/>
• Number of persons with disabilities	<input type="text"/>



ATTACHMENT - 3 BUILDING IMPROVEMENT PROJECTS

This Attachment must be completed for all projects requesting funding for improvements to residential (e.g., single-family, multi-family, group homes) or non-residential property (e.g., retail, office, manufacturing), whether in private or public ownership. If the project involves multiple sites/properties, **Attachment 3 must be filled out for each property.**

A. PROPERTY INFORMATION

1. Property Identification

- a. Property Address: _____
- b. Tax Number: _____ Approximate Age of the Structure: _____
- d. Are the taxes on the property current? Yes No. Please attach Explanation
- e. Are all other payments current (e.g., mortgage, water/sewer, insurance)
 Yes. No. Please attach written explanation.
- f. Is there any pending litigation or other claims that could potentially affect property ownership?
 Yes. Please attach written explanation. No.

2. Type of Structure (by use type)

- Residential Commercial Industrial Institutional
- Other (specify): _____

3. Property Control

- Own the property: *date of acquisition*: _____
- Lease the property (attach copy of lease): *lease expiration date*: _____
- Have option to purchase (attach copy of option): *type and expiration date*: _____
- Have agreement of sale (attach copy of agreement): *expiration date*: _____
- Other (specify and attach supporting documentation): _____

4. Appraisal: Required if the property is or will be owned by the organization. Note: If the property is being leased, applicant must have control of the property for at least 5 years. go to Question #6.

- Attach copy of recent (last six months) appraisal or estimate by real estate professional.
- Copy of appraisal or estimate by real estate professional will be submitted by: _____

5. Debt: Indicate the total combined amount of debt against the property \$ _____

6. Easements: Required if funding request is for easement acquisition. Otherwise check here "Not Applicable."

- Will the project require the acquisition of easements using CDBG funding?
- Yes. Please attach map showing easements and a narrative discussing them.
- No.

7. Property Insurance: Attach copy of insurance disclosure page and list amount of insurance carried on the property

8. Property General Condition

Describe the general condition of the structure, including defects (whether structural or nonstructural):

9. Capital Improvement Plan: Has a capital improvement plan been prepared for the property?

- Yes. Attach copy
- No. Explain why no capital improvement plan has been prepared for the property



10. Zoning

- a. Current zoning classification: _____
- b. Does the project require the securing of any zoning ordinance variances?
 Yes. Please attach description of variances required and stage of municipal approval.
 No.
- c. Does improvement require site plan approval?
 Yes. Please attach copy of approval letter or indicated anticipated date of approval: _____
 No.

11. Permits

Describe any local, state, or federal permits that will be required, along with the date of approval:

12. Displacement/Relocation

Will the project involve the displacement of occupants of residential or business units?

- Yes: Please contact the Department of Community & Business Development before submitting application.
- No

13. Historic Preservation Information

- a. Attach 3 X 5 inch photographs of the interior and exterior.
- b. Is the property historic or eligible for historic status or is it located in a historic district or one eligible for historic designation?
 Yes. Please explain: _____
 No
- c. Does the project include any ground disturbing activities (e.g., ditching, cut and fill, excavations, utility burial, grading, landscaping)?
 Yes.
 No.

14. Environmental Information

- a. **Does any portion of the property include a wetland area?**
 Yes. Please explain: _____
 No.
- b. **Is any portion of the property in the floodplain?**
 Yes. Attach copy of flood insurance
 No.
- d. **Indicate service type:** Water: on-site. Public (company name): _____
Sewer: on-site. Public (company name): _____
- e. **Indicate name of fire company(ies) serving the property:** _____
- f. **Does the property contain lead based paint?**
 Yes.
 No.
- g. **Do any of the structures on the property have asbestos?**
 Yes.
 No.



15. Outcome Indicators

a. Residential Units (Rental, Transitional, and Shelter Units):

Estimate

- Affordability
 - Total Number of affordable units.....
 - Number of units for homeless persons.....
 - Number of units affordable to very low, low, and moderate income
 - Units affordable to less than 30 percent of median income
 - Large families (5+ persons)
 - Small families (2-to-4 persons).....
 - Seniors
 - Units affordable to persons earning 30 percent-to-50 percent of median income
 - Large families (5+ persons)
 - Small families (2-to-4 persons).....
 - Seniors
 - Units affordable to persons earning 51 percent-to-80 percent of median income
 - Large families (5+ persons)
 - Small families (2-to-4 persons).....
 - Seniors
- Quality of Life
 - Number of Units Section 504 Accessible
 - Number of units that will be made lead free
 - Number of units that will be brought up to code.....
 - Number of units that will meet Energy Star.....

2. Outcome Indicators Non-Residential Property

- Number of clients served per year
- Total employment at facility

B. PROPERTY DEMOLITION/SITE CLEARING, AND REDEVELOPMENT

1. Complete Part A above for each property.
2. Describe condemnation approvals and permits obtained, and attach a copy of documentation of same:
 - Blight Elimination Report/Study
 - Map clearly showing the boundaries of the blighted area
 - Declaration of Blight
 - Approved copy of redevelopment plan
 - Displacement/Relocation plan for any residents or businesses
 - Implementation timeline
 - Sources and uses of funding to implement redevelopment plan
 - Attach pro-forma statement, illustrating feasibility of the property over the course of 15 years.

3. Outcome Indicators:

- Number of nonresidential businesses
 - To be eliminated
 - To be created.....
- Amount of nonresidential area cleared.....
- Amount of nonresidential area to be created
- Number of businesses that will be housed after redevelopment.....



ATTACHMENT - 4 ECONOMIC DEVELOPMENT

A. Organizational Capacity:

- Attach information describing Experience, Record, and Capability of Organization in providing assistance to businesses.

B. Financial Review Committee:

If part of the assistance is to provide loans to business, please indicate whether your organization has a Finance Review Committee:

- Yes. Please attach copy of :
 - Committee By-Laws.
 - Underwriting Guidelines.
 - List of Current Committee Members.
- No.

C. Budget:

Fill out the budget summary included in Part I, Section V, Table B of this application and attach the required documentation in support of the same.

D. OUTCOME INDICATORS

	<u>Estimate</u>
Jobs Creation	
• Total jobs that will be created	<input type="text"/>
Businesses to Be Assisted	
• Number of Existing businesses anticipate will be assisted.....	<input type="text"/>
• Number of new businesses anticipate will be assisted	<input type="text"/>
Targeted Business Assistance	
• Commercial/Industrial land acquisition/disposition.....	<input type="text"/>
• Commercial/industrial infrastructure development.....	<input type="text"/>
• Commercial/industrial building acquisition/construction/rehabilitation	<input type="text"/>
• Commercial/industrial improvements	<input type="text"/>
• Obtaining private, federal, state, or county provided funding.....	<input type="text"/>



ATTACHMENT 5 CDBG APPLICATION CERTIFICATIONS

I. OTHER PROJECT ASSISTANCE PROVIDED/REQUESTED CERTIFICATION

Please check one of the following:

- CDBG will be the only funding source used on this project.
- Other funding will be used and/or has been requested. Please fill in the following for each source:

1.	Funding Source: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Regional <input type="checkbox"/> Applicant's Own <input type="checkbox"/> Other :		
	Agency Name:		Address (City, State, and Zip Code):
	Program:	Type of Assistance:	Amount Requested/Provided: \$
2.	Funding Source: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Regional <input type="checkbox"/> Applicant's Own <input type="checkbox"/> Other :		
	Agency Name:		Address (City, State, and Zip Code):
	Program:	Type of Assistance:	Amount Requested/Provided: \$

Note: If the project will involve more than two other funding sources, please make copy of this page, fill in information on the additional sources, and attach.

II. USE OF OTHER ASSISTANCE REQUIRED/PROVIDED AS MATCH CERTIFICATION

The CDBG program will favor applications that provide funding matches from the organization own funds, and/or other public or private sources. In order for these funding contributions to be considered, the applicant agrees to the following:

- 1. Funding Contribution:** The Applicant agrees to provide the above identified funding for the Project. The Applicant certifies that the use of such funding will not (or did not) commence prior to commitment from the approval of the CDBG funding, completion of the environmental review process, and the execution of a contract between the County and the Applicant. The Applicant also certifies that its portion of the Project must be completed before or at the same time as the CDBG-funded activities. The Applicant agrees to provide adequate documentation of the use of such funding to the County and HUD.
- 2. Accuracy:** The Applicant has reviewed the entire Application, including all attachments, and hereby certifies that all information that relates to this project is true and accurate, and can be verified upon request by proper officials of the County or HUD.
- 3. Access to Records:** The Applicant agrees to provide reasonable access to project records by proper officials of the County, and HUD in order to verify information submitted in this Application. "Reasonable access" shall be considered access during normal business hours with at least three days notice by the County or HUD.
- 4. Penalties:** The Applicant understands that the allocation of funding might involve competitive process, with those projects showing the greatest funding match from other sources being given preference. The Applicant also understands that the CDBG program evaluates future applications from communities in part by their performance on previous projects. Therefore, the Applicant understands that any commitments made and not honored may adversely affect future participation in the CDBG program.
- 5. Proper Authorization:** The Applicant, and the officer or representative who signs below on the Applicant's behalf, has filed this Application with the full knowledge and authorization of the Applicant under proper procedures prescribed by articles of incorporation, partnership agreements, or other applicable documents.
- 6. Misrepresentation:** The persons involved in authorization of this agreement hereby certify that they are aware that intentional misrepresentation of fact can result in the rescission of approved funding and/or the request for reimbursement for expended funding.



III. DISCLOSURE OF INTEREST AND LOBBYING FOR CONTRACTS, GRANTS, AND LOANS CERTIFICATION

1. DISCLOSURE OF INTEREST

Please check one of the following

- There are no Persons with a Reportable Financial Interest to Disclose.
- The following Persons Have a Reportable Financial Interest in the Project or Activity:

Name of Persons with a Financial Interest	Position/Title in Applicant's Organization	Role/Involvement in Project Implementation	Financial Interest in Project/Activity	
			Amount	% of Total
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

2. LOBBYING FOR CONTRACTS, GRANTS, AND LOANS

The undersigned certifies with respect to the expenditure of funds provided under this application by the County of Bucks , to the best of his/her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an 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, the undersigned shall complete and submit standard form - "Disclosure Form to Report Lobbying", in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. 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.

IV. DISPLACEMENT/RELOCATION CERTIFICATION

The undersigned certifies with respect to the expenditure of CDBG funding provided under this application by the County of Bucks and any other public or private funding secured for the implementation of the project described in this application that every effort will be made 1) to minimize displacement of persons as a result of activities assisted with such funds; 2) to implement and administer all activities in conformity with the Civil Rights Act of 1964 (42 U.S.C. Sec. 2000a et seq.), the Fair Housing Act (42 U.S.C. Sec. 3901 et seq.), and that it will affirmatively further fair housing; and, 3) in the event that displacement of residential dwellings will occur in connection with a project assisted with CDBG funds, it will follow a residential anti-displacement and relocation assistance plan that will need to be approved by the County and will be in conformance with HUD's anti-displacement and relocation assistance

V. SECTION 3 CERTIFICATION

The undersigned certifies, to the best of his or her knowledge and belief, that the project will adhere to the goals and objectives of Section 3 of the Housing and Urban Development Act of 1968, as amended in 1992, which provides that "economic opportunities" (e.g., employment, job training, contracting.) generated by certain HUD financial assistance shall, to the greatest extent feasible, be directed toward the following target groups:



Section 3 Residents, defined and prioritized as:

- Low and Very Low-Income persons residing in public housing within the grantee's jurisdiction;
- Other Low and Very Low-Income Persons residing in the project area, based on HUD's current Section 8 income limits for the county or Metropolitan Statistical Area (MSA) in which the project is located.

Section 3 Business, defined and prioritized as:

- A business that indicates it will provide specific economic opportunities for Section 3 residents located within the grantee's jurisdiction;
- A business that is at least 51 percent owned by Section 3 residents;
- A business whose current permanent, full-time employees include at least 30 percent Section 3 residents, or employees who were Section 3 residents within three years of the date of first employment;
- A business that provides evidence of a commitment to subcontract in excess of 25 percent of the dollar amount of the contract to Section 3 business.

If selected to receive program funding as a result of this application, the municipality/nonprofit organization will commit to benefiting Section 3 residents and business from CDBG-generated economic opportunities, through active recruitment and direct solicitation within the project area (non-metropolitan county or MSA) done in a fashion consistent with existing Federal, State, and local laws and regulations.

Name of Organization

CORPORATE SEAL

Name of Authorized Person

Signature of Authorized Person

Date