

1. IDENTIFICATION OF UGLG

1a. PROJECT TITLE:

1b. UGLG CONTACT INFORMATION		1c. FUNDING SOURCES	
Unit of General Local Government		CDBG Grant	\$
		UGLG	\$
Highest Elected Chief Official	Name:	Private	\$
	Title:		\$
	Ph.		\$
	Email		\$
Street/PO Box		TOTAL	\$
City		1d. UGLG INFORMATION	
State/Zip		UGLG DUNS # http://www.dnb.com/duns-number.html	
County		UGLG Federal ID #	
UGLG Project Contact (PC)	Name: Title: Ph. Email	UGLG Fiscal Year to (month start and end)	

1e. REPRESENTATIVE INFORMATION	
State Government Representation Senator Name: Representative Name: Senate District: House District:	Federal Government Representation Representative Name: Congressional District:

1f. INITIAL APPLICATION SUBMISSION: AUTHORIZED UGLG SIGNATURE			
The UGLG agrees to adhere to HUD, CDBG and MEDC rules, regulations, and the Grant Administration Manual (GAM) policies, procedures, and reporting requirements. In agreeing to this, the UGLG will ensure that all entities involved in completing the proposed project will also adhere to rules and regulations during grant administration.			
Signature			
Name and Title of Authorized Signer		Date	

1g. FINAL APPLICATION SUBMISSION: AUTHORIZED UGLG SIGNATURE			
The UGLG certifies that information contained in the application and associated attachments are complete and accurate, that all activities intended to be completed have been identified within the application, and the budget reflects final costs of all project activities identified via a completed bid process or via construction contracts that have been reviewed and are ready to execute.			
Signature			
Name and Title of Authorized Signer		Date	

2. NATIONAL OBJECTIVE ELIGIBILITY	
The project must meet a National Objective. Please check the category (only one) that applies to the project:	
<input type="checkbox"/> Benefit Persons of Low and Moderate Income <input type="checkbox"/> LMI Area Benefit <input type="checkbox"/> LMI Job Creation <input type="checkbox"/> LMI Housing <input type="checkbox"/> Limited Clientele	<input type="checkbox"/> Prevention or Elimination of Slums or Blight <input type="checkbox"/> Area Benefit <input type="checkbox"/> Spot Blight

3. PROJECT DESCRIPTION	
3a.	Provide a project description and include the following: i. Describe the location of the project. ii. What is the purpose and need? What is being done and why is it necessary? iii. Who are the project beneficiaries? Why is this project being proposed and who benefits from the results? iv. Provide complete details about the project and what will be done. v. Describe all funding sources being used for this project. vi. Describe all development partners involved in this project. vii. Describe the maintenance related to project improvements funded, in whole or in part, by CDBG and how they will be funded.
3b.	Check all that apply as it pertains to the Historic Status of the property(s) involved: <input type="checkbox"/> Listed in the National Register of Historic Properties <input type="checkbox"/> Potentially eligible to be listed in the National Register of Historic Properties <input type="checkbox"/> Listed in a state or local inventory of historic places <input type="checkbox"/> Designated as a state or local landmark or historic district <input type="checkbox"/> None of the above <input type="checkbox"/> Not applicable
3c.	What is the age of the benefitting building/property?
3d.	Provide the address(es) of the benefited property(s)/building(s)/businesses. Indicate whether commercial and/or residential:
3e.	What is the total square footage impacted by this project? <i>square feet</i>
3f.	Provide the name(s) of the private property/building owner(s) seeking to participate as a sub-recipient of funds. Include <u>all individuals</u> that have ownership of the property/building(s).
3g.	Provide the DUNS number of the private business owners, along with their respective owner's names listed above, if applicable. *A DUNS number is not required for Rental Rehabilitation Projects.

4. COMPLIANCE SCREENING	
4a.	Will jobs be relocated from another City or State as a result of this project? If Yes, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4b.	Will the project result in the demolition or conversion of residential dwelling units, both occupied and vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

	If Yes, explain:	
4c.	Will the project result in special fees (i.e., tap in / hookup fees, special assessments)? If Yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4d.	Are there any local, state and federal permits required for implementation of the proposed project? If Yes, will permit requests delay the proposed project or influence the timeline?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4e.	Are there acquisitions, leases, easements, or property option/purchase agreements necessary to complete the project activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4f.	Are there current or incoming residential or commercial tenants? If Yes, provide the number of tenants and whether they are residential, commercial or both:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
4g.	Will there be any temporary or permanent relocation of businesses, non-profit organizations, homeowners, or tenants to complete the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

5. PROJECT TIMELINE

Provide the Start and End dates for activities associated with completing the project

ACTIVITIES	START DATE (mm/yr)	END DATE (mm/yr)
Acquisition		
Engineering		
3 rd Party Environmental Review		
Bidding/Contractor Selection		
Construction		

6. PROJECT BUDGET

ACTIVITY COSTS	CDBG	LOCAL	PRIVATE			TOTAL
Planning	\$	\$	\$	\$	\$	\$
Acquisition	\$	\$	\$	\$	\$	\$
Engineering	\$	\$	\$	\$	\$	\$
3 rd Party Environmental	\$	\$	\$	\$	\$	\$
Demolition	\$	\$	\$	\$	\$	\$
Construction (includes contingency and bonding)	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
GRAND TOTAL	\$	\$	\$	\$	\$	\$

Are there other funding sources available to contribute to the proposed project? Provide inquires made and the responses provided by associated funding sources.

Is Program Income available to help fund the proposed project? Note program income funds cannot count towards project match.

7. UGLG CAPACITY AND CONFLICT OF INTEREST

Who will provide the administrative capacity for the proposed grant?

- UGLG Staff
- CDBG Certified Grant Administrator
- Third Party Administrator/Consultant/EDO/EDC

Has the UGLG received CDBG grants or loans in the past 5 years and/or have any open CDBG grants or loans, including grants or loans provided by MSF, MEDC and MSHDA?

If Yes, please identify the associated projects and describe all, if any, findings or areas of concern regarding those projects:

Yes No NA

Does the UGLG have any outstanding CDBG grants or loans that have not been drawn down?

If Yes, describe:

Yes No NA

Will local officials and staff be a party to any contract involving the procurement of goods and services assisted with CDBG funds?

If Yes, describe:

Yes No NA

Will any person who is an employee, agent, consultant, officer, elected or appointed official of the UGLG obtain a financial interest or benefit from a CDBG assisted activity or have an interest in any contract, subcontract or agreement with respect thereto, or in the proceeds hereunder, either for themselves or for those with whom they have family or business ties, during their tenure or for one year thereafter?

If Yes, describe:

Yes No NA

8. Supporting Documentation		
Exhibit I	Project Location Map	Attached <input type="checkbox"/>
Exhibit II	Preliminary Architectural/Engineering Drawings	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
Exhibit III	Independent 3 rd Party Cost Estimate	Attached <input type="checkbox"/>
Exhibit IV	Financial Commitment Letter(s)	Attached <input type="checkbox"/>
Exhibit V	Blight Letter or Area Blight Resolution (Sample Form 2-B)	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
Exhibit VI	Lead-Based Paint Applicability and Compliance Worksheet (Form 5-S)	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
Exhibit VII	Asbestos Applicability and Compliance Worksheet (Form 5-V)	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
Exhibit VIII	Historic Property Proof of Eligibility	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
Exhibit IX	Appraisal for CDBG-funded Acquisitions; or Waiver Valuation (Form 6-D)	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
Exhibit X	Limited Denial of Participation, HUD Funding Disqualifications and Voluntary Abstentions	Attached <input type="checkbox"/>
Exhibit XI	System Award Management (SAM) Certification	Attached <input type="checkbox"/>
Exhibit XII	General Information Notice (GIN)	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
Job Creation Exhibit	Job Creation Summary <ul style="list-style-type: none"> ▪ Job Creation Assurance ▪ Machinery and Equipment (M&E) List, if applicable 	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
Rental Rehabilitation Exhibits	1. Rental Rehabilitation Workbook 2. Housing Quality Standards 3. Substandard Unit Verification, for existing units only	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
Façades Exhibit	Façade Budget <ul style="list-style-type: none"> ▪ Façade Building Owner and Activity Identification 	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Please attach all supporting documents in the order they are requested. If submitting electronically, label each supporting document appropriately.</p> <p>This list is not all inclusive. Additional compliance documentation will be sought post-application.</p>		