

CLERMONT COUNTY BOARD OF COMMISSIONERS
FISCAL YEAR 2020
CDBG COMMUNITY DEVELOPMENT PROGRAM
APPLICATION TO COUNTY FOR CONSIDERATION

Provide one original and one (1) copy of each application on single-sided, 8 ½" x 11" paper, either clipped or in a 3-ring binder.

1. Proposed projects must meet an identified National Objective and address one or more areas of the Clermont County 5-year Consolidated Plan objectives and priority needs (Attachment A & B must be filled out and included with the application)
2. Total proposed activities must be such that they can be completed by December 31, 2022.
3. All non-residential construction and improvements must **meet or exceed State Building Codes**.
4. Cost estimates must be itemized, signed, dated and provided by a **qualified** source (i.e. Engineer, architect, county engineer, etc.). Engineering estimates cannot be any older than 3 months from the application date and cost estimates **MUST** include the inspection of the project during construction by an Engineer or Architect.
5. **All cost estimates for construction projects with an estimated cost of \$2,000 or more must include federal prevailing wages.**
6. Chip and seal or gravel-base road improvements are not eligible.
7. **Only** the county may **enter into contracts** for your project.
8. If you are committing other funds to the project and/or if other sources of funds are included in this project, copies of letters, resolutions, ordinances, etc., committing these funds must be submitted at the time of this application to the county commissioners.
9. A map locating the project must be included with the application. (The type of project will determine the scale to be used). Photos, when applicable, should be included.
10. No more than two (2) applications per applicant may be submitted.
11. Awarded public improvement projects must pass an environmental review before it is funded. The County will assist with this process.

Questions regarding this application may be directed to:

Sherri Cmar, Grant Coordinator
Department of Community & Economic Development
101 E. Main St., 3rd Floor
Batavia, OH 45103
(513) 732-7907

Email: scmar@clermontcountyohio.gov

SECTION I – APPLICANT INFORMATION

Applicant: _____

Address: _____

Phone Number: _____

Contact Person: _____

Phone Number: _____

E-mail Address: _____

Note: Are you a public service group or non-profit entity?

Check One: Yes No

If yes, attach a copy of constitution and by-laws.

Has the applicant received CDBG funding in the past? If yes, please provide funding history _____

SECTION II - PROJECT INFORMATION

A complete list of eligible activities (Chapter 2 – Categories of Eligible Activities) is available at <https://www.hudexchange.info/resource/89/community-development-block-grant-program-cdbg-guide-to-national-objectives-and-eligible-activities-for-entitlement-communities/>

ACTIVITY TYPE: (*select one*)

Housing Project

Economic Development

Public Improvement Project

Clearance

Public Service Project

Other

- a. Describe Project activity and measurements **in detail:** (attach additional sheets and photographs if necessary):

b. Will you need to acquire easements or property to complete this project?
____ Yes ____ No

If Yes, explain: _____

c. Who provided the Project Cost Estimate?

Name: _____

Address: _____

Phone No. _____

Labor (use prevailing wage) \$ _____

Materials \$ _____

Engineering (to include site inspection) \$ _____

Total Cost of Project \$ _____

Note: Attach a copy of the cost estimate. Cost estimates should take into consideration that most project start dates would be 1 1/2 to 2 years from time of this application. Cost estimates should not be dated any later than 3 months prior to this application date.

d. How much CDBG money is being requested? \$ _____

If you are not applying for the total cost of the project, where will the other funds come from? (List source and amount)

1. _____

2. _____

3. _____

e. Are there any current situations that may affect the timing of this project? _____

If yes, explain _____

- f. Will it be phased over several years? _____
 If yes, how many? _____
- g. Will Village, Township or County employees perform any work? If yes, please describe: _____

- h. Please provide a projected project schedule to the best of your knowledge:
- | | | |
|-----------------------------------|-------------------|-----------------|
| Environmental Review | Begin Date: _____ | End Date: _____ |
| Engineering / Design/Right of Way | Begin Date: _____ | End Date: _____ |
| Bid Advertisement and Award | Begin Date: _____ | End Date: _____ |
| Construction | Begin Date: _____ | End Date: _____ |
- _____

SECTION III – PROJECT BENEFIT INFORMATION

- a. Where is the exact location of the project: _____

Note: Provide a map that shows the location of the activity

- b. What is the project service area? _____

Note: Provide a map of the **boundaries of the service area.**

- c. Who will benefit from this project? _____

- d. How many households are in the service area? _____

- e. What census tract/block group does the project fall in? _____
 - f. Does the project service area indicate 51% or greater LMI persons? _____
 - g. If not, has an income survey been completed? _____
(Surveys completed before August 1, 2016 are not eligible)
 - h. Date survey was conducted: _____
- Note:** Survey Summary, survey forms and methodology must be submitted with this application.

SECTION IV - SITE INFORMATION

- a. Does your project affect an historical property or does your project occur in an historical district? _____
If yes, explain: _____

- b. Is your project located in a floodplain? _____
If yes, explain: _____

- c. Will any access fees be charged? (i.e. sewer or water line hook-up, membership fees, entrance fees, etc.) _____
If yes, explain: _____

- d. Are there any environmental factors that may influence this activity? _____
If yes, explain: _____

- e. Who will be responsible for the maintenance of this project upon completion (if applicable)? _____

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- f. Describe the coordination effort and/or notification of adjoining jurisdictions/residents that may be impacted by this project. Include details of proposed detours (if applicable).

SECTION V - NEEDS ASSESSMENT AND STRATEGY

- a. Describe your Community's economic and community development needs, and the needs of the low- and moderate-income population.

- b. In the next three years, how will CDBG funds and other resources be used for these needs? _____

- c. Is this project included in the county engineer's 5 year plan? _____
If yes, explain: _____

SECTION VI - CHECKLIST

Please include the following attachments with your application:

- _____ **1. Authorizing Resolution** - the applicant's governing body should adopt a resolution authorizing: 1) the submission of an application to the Clermont County Board of Commissioners for grant monies to financially assist in the undertaking of the proposed project; and 2) the execution of a cooperation agreement with the Clermont County Board of Commissioners upon grant application approval.
- _____ **2. Map** - a map (county, aerial, etc.) of the project area indicating proposed project improvements.
- _____ **3. Letter** - If your proposed project meets the national objective of either eliminating slums and blight or meeting an urgent need (imminent threat), documentation supporting that contention must be attached to the application (see Attachment A).
- _____ **4. Survey Information** (if applicable) - If a house-to-house confidential income survey was undertaken to determine low and moderate income benefit, the survey forms as well as the summary and methodology used in the determination must be attached to the application. Surveys conducted prior to August 1, 2015 are not eligible.
- _____ **5. Certified Cost Estimate** - A signed cost certification must be provided by a qualified party that would not directly be involved in the project grant agreement (i.e., a third party). This certification must be done on their letterhead and indicate the estimated cost of the activity, the basis for that estimate in terms of quantities or other unit costs and the period for which the estimate will be accurate. Indicate whether or not prevailing wage has been considered in the cost.
- _____ **6. Complete and return Attachment A – National Objectives form and Attachment B – Consolidated Plan Objectives & Priorities questionnaire**

Submitted this _____ day of _____, 20__, by:

Name

Title

APPLICATION DEADLINE: Please submit your application (one original and one copy) to the Clermont County Department of Community and Economic Development, 101 E. Main Street, 3rd Floor, Batavia, OH 45103, no later than 4:30 p.m. on **Friday, January 31, 2020**. **Please submit an application for each separate project activity.**

ATTACHMENT A - NATIONAL OBJECTIVES

The proposed project must address at least one of the three national objectives for the CDBG Program.

1. Benefits low and moderate income people: (a) Area Benefit, (b) Direct Benefit, or (c) Limited Clientele
2. Eliminates slum and blight.
3. Corrects an urgent need.

For assistance, refer to the U.S. Department of Housing and Urban Development (HUD) “Guide to National Objectives and Eligible Activities for Entitlement Communities,” which can be found at <https://www.hudexchange.info/resource/89/community-development-block-grant-program-cdbg-guide-to-national-objectives-and-eligible-activities-for-entitlement-communities/>

CHECK THE APPROPRIATE OBJECTIVE FOR YOUR PROJECT AND PROVIDE SUPPORTING INFORMATION (*select one*)

_____ **1. (a) Benefits low and moderate income people: Area Benefit**

This project qualifies as an LMI area as determined by which of the following:

<input type="checkbox"/> Census	<input type="checkbox"/> Income Survey
	<i>Provide Surveys & Survey Summary as Attachment</i>
Census Tract:	Number of Households:
Census Block Group(s):	Number of LMI Households:
Population:	Percentage of LMI Households:
LMI percentage:	Number of Residents:
	Number of LMI Residents:
	Percentage of LMI Residents:

_____ **1. (b) Benefits low and moderate income people: Direct Benefit**

<i>Income eligibility requirements are necessary to determine beneficiaries of this activity.</i>
How many people will benefit from this project?: _____

_____ **1. (c) Benefits low and moderate income people: Limited Clientele**

<i>Who does this project primarily benefit?</i>
<input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Homeless <input type="checkbox"/> Other
How many people will benefit from this project?: _____

_____ **2. Elimination of Slum or Blighted Condition**

<i>Please provide a narrative - Municipal Resolution required</i>
1. What is the condition to be addressed by the project?

_____ **3. Urgent Need**

<i>Please provide a narrative for each question.</i>
1. What is the condition that is causing a threat to the health and welfare of the community?
2. When did this condition occur?
3. From what sources did the community seek to address this problem?

ATTACHMENT B

**Clermont County
2015-2019 Consolidated Plan Objectives**

Check the objective that best describes the proposed project or activity:

<input type="checkbox"/>	Increase Quality and Affordability of Rental Housing – prioritize preservation of housing for Low Income (LI) renters and provision of repairs, maintenance, vouchers, rehabilitation, and new construction
<input type="checkbox"/>	Increase Quality and Affordability of Owner Occupied Housing – prioritize preservation of housing for Low Income (LI) owners and provision of repairs, maintenance, acquisition assistance, rehabilitation, and new construction
<input type="checkbox"/>	Enhance Economic Development Activities and Provide Customized Training Opportunities to Residents - prioritize jobs and training, particularly for LI residents, and recognize that changes to the global economy has created hardships for Clermont County residents
<input type="checkbox"/>	Address the Needs of Homeless and at Risk Families –prioritize services for documented homeless persons in Clermont County
<input type="checkbox"/>	Provide and Expand Human Services – people in need of human services, especially homeless and people at risk of becoming homeless, lack essential services because they are not provided or inaccessible. Services that do exist are over extended
<input type="checkbox"/>	Improve Public Facilities and Infrastructure – prioritize new and improved public works projects that serve Low Income (LI) persons and blighted neighborhoods

2015-2019 Consolidated Plan Priority Needs

Check the priority needs that are relative to the proposed project or activity:

<i>You may select more than one if applicable*</i>	
<input type="checkbox"/> Rental Housing Rehabilitation <input type="checkbox"/> Emergency Shelters and Transitional Housing <input type="checkbox"/> Housing Rehabilitation <input type="checkbox"/> Economic Development <input type="checkbox"/> Accessibility Improvements <input type="checkbox"/> Transportation Services <input type="checkbox"/> Job Training Activities <input type="checkbox"/> Fair Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Down Payment Assistance	<input type="checkbox"/> Senior and Youth Facilities and Services <input type="checkbox"/> Supportive Services <input type="checkbox"/> Food Security <input type="checkbox"/> Property Acquisition/Resale <input type="checkbox"/> Demolition Clearance and Remediation <input type="checkbox"/> Code Enforcement <input type="checkbox"/> Local and Regional Planning <input type="checkbox"/> Lead Paint Remediation <input type="checkbox"/> Parks, Recreation, and Community Facilities

**Subject to review and determination by CDBG staff*