

CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD) DEPARTMENT

**PUBLIC FACILITIES / IMPROVEMENTS PROGRAM**

**PART I – CHECKLIST / AGENCY INFORMATION**

Before you begin. Please refer to the Community Development Block Grant application guidelines. The project must meet threshold requirements before CCCD will consider your application.

**Applicant / Agency:**

**Project Name:**

**Total CDBG Funds Requested:**       **Total Project Costs:**

1. **CHECKLIST**

|  |
| --- |
| Please complete the entire application (Part I and Part II) and include all applicable documents. All applicable documents must be attached and labeled. Applicant / Agency is submitting the following documents with this cover sheet:* **Label**

[ ]        Part I – Checklist / Agency Information (Required for all applicants) AND[ ]        Part II - Project Information (Required for all applicants)- *Refer to CDBG Application Guidelines*   **ATTACHMENTS** **Agency Information / Structure and Background (Required)**[ ]        Current Bylaws / Articles of Incorporation (*Nonprofit only*)[ ]        Copy of 501(c)(3) / IRS Letter of Designation (*Nonprofit only*) [ ]        List of Board of Directors with names, address, email, and telephone number (*Nonprofit only*)[ ]        Organization Chart [ ]        Current resumes on key project personnel [ ]        A copy of most recent audit; if not available, then financial statements for a two-year period.[ ]        Insurance / Bonding / Worker’s Compensation [ ]        Recent Projects completed **National Objective (If applicable)**[ ]        National Objective LMA documentation (e.g. map identifying census tract/block group of LMI area) **Project Financial Information** [ ]        Rehabilitation / Construction Budget (if applicable)[ ]        Project / Program Line-Item Budget [ ]        Agency’s Current Operating Budget (Nonprofit only)[ ]        Evidence of Other Sources of Funds: Match Document, Letter from Participating Bank(s) or Loan**Project Property Information/Environmental Attachments** [ ]        Project site map(s), photos, site plans, architectural drawings, surveys, and environmental studies [ ]        Evidence of Ownership or Site Control (deed, purchase option agreement, etc.)[ ]        Verification of Site Zoning [ ]        Property Appraisal (Required for acquisition of property)[ ]        Business Plan / Market Analysis[ ]        Other:        **Other Documents (Optional):** [ ]        Client intake / application documents [ ]        Marketing materials (brochures, flyers, etc.)[ ]        Community-Based Development Organization Documents (If designated / approved by CCCD)[ ]        Copy of the Relocation Plan and relocation budget (if applicable)[ ]        Other |

**B. AGENCY INFORMATION**

|  |
| --- |
| **1.** **Legal Name of Agency (Applicant):**      **2.** **Mailing Address:**       **City:**       **State:**       **Zip:**      **3.** **Street Address:**       **City:**       **State:**       **Zip:**      **4.** **Primary/Contact Person:**      **5.** **Telephone:**       **6.** **Fax:**      **7.**  **Email:**       **8. Agency website address:**      **9. Agency registered to conduct business in the State of North Carolina?** [ ]  Yes [ ]  No**10. Registered in System for Awards Management (SAM)?** [ ]  Yes [ ]  No**11. SAM Cage Code:**       **Federal Identification Number (required):**      **12. DUNS Number (required):**      **13. Type of Applicant:**  [ ]  County [ ]  City [ ]  Nonprofit Organization [501(c)(3)] [ ]  Township  [ ]  Other (Specify):      **14. Date Agency Established (if nonprofit, should be the date on the Articles of Incorporation)**:      **15. Is this agency a Minority-owned Business Enterprise (MBE)?** [ ]  Yes [ ]  No**16. Is this agency a Women-owned Business Enterprise (WBE)?** [ ]  Yes [ ]  No |

**C. AGENCY CONTACT SHEET**

|  |
| --- |
| Agency Head Name/Title:       E-Mail:       Phone and Fax #:      Grant Writer Name/Title:       Agency Name:       E-Mail:       Phone and Fax #:      Financial Staff Name/Title:       E-Mail:       Phone and Fax #:      Board Chair Name:       Mailing Address:       City/State/Zip:       Phone and Fax #:        |

**D. agency structure and background**

|  |
| --- |
| **1. Board Information**Provide current list of Agency Board of Directors: Include name, position/title, city residence, length of time on the Board, and expiration of terms. Note any vacant positions. (Nonprofit only)Provide Agency’s current adopted Mission Statement:     **2. Background and Program Experience**Describe the length of time the agency has operated, date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency’s capabilities, and required licenses to operate (if applicable). Describe the agency’s previous experience implementing similar programs/projects.      **3. Personnel/Staff Capacity**Briefly describe the agency’s existing staff positions and qualifications, its capacity to carry out the proposed activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure.     **4. Monitoring**Has the agency received any Federal findings, resolved or unresolved, within the past 5 years? [ ]  No [ ]  Yes If “Yes”, please explain:      Subgrantees of CDBG funds will be required to provide data and information related to the progress and expenditures of CDBG-funded activities on a monthly / quarterly / and annual basis. Briefly describe how you will monitor progress in implementing the program. Describe and discuss agency’s experience in reporting, monitoring, or recordkeeping compliance requirements.      **5. Financial Management**Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. Indicate if the agency have written procedures manual for financial management and personnel.     **6. Audit Requirements**Indicate your agency’s status as it relates to audit reports by checking the appropriate box below:[ ]  Agency conducts audits of all its funding sources and will submit a copy of its most recent audit. [ ]  Agency does not have a current audit process in place.If an audit is not available, then please attach financial statements that include General Ledger and Balance Sheet detail covering the last two most recent reporting periods of operation.**7. Insurance / Bonding / Worker’s Compensation**State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker’s compensation as required by Federal and state laws.      **Required Attachments:*** Current Bylaws / Articles of Incorporation\* (Nonprofit only)
* Copy of IRS Letter Confirming 501(c)(3) Status\* (Nonprofit only)
* Organization Chart\*
* Current Resumes\*
* A copy of most recent Audit; if an audit is not available, then financial statements that include General Ledger and Balance Sheet detail for a two-year period.
* If Community Housing Development Organization (CHDO), updated information demonstrating current CHDO eligibility status.
* If Community Based Development Organization (CBDO), updated information demonstrating current CBDO eligibility status.
 |

**\****Private agencies that have applied in the past two years or are currently funded by Cumberland County Community Development do not need to submit Bylaws / Articles of Incorporation, tax exemption letters, an organization chart, and resumes of the program administrator and fiscal officer if they are on file in this office and they have not been changed since initially submitted.*

CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD)

**PUBLIC FACILITIES / IMPROVEMENTS PROGRAM APPLICATION**

**PART II – PROJECT INFORMATION**

|  |
| --- |
| **PROJECT NAME:** |

**a. ELIGIBLE COSTS**

|  |
| --- |
| CDBG funds will be used for which type(s) of eligible costs?[ ]  Acquisition [ ]  Construction [ ]  Reconstruction [ ]  Installation[ ]  Rehabilitation (including removal of architectural barriers to accessibility)  |

**b. ACTIVITY TYPE**

|  |
| --- |
| CDBG funds will be used for which type of eligible public facility / improvement?1.
2. If Other was selected, please specify:

  |

**C. NATIONAL OBJECTIVE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If applying for CDBG funds, the project must meet one of three national objectives (Refer to Request for Proposal guidelines for details):1. Benefit low- and moderate-income (LMI) persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Please indicate which national objective your project/program will meet by selecting one of the three categories listed. Under the selected category, provide the information needed for that category.[ ]  **Category 1: Benefit low- and moderate-income persons [570.208[(a)]** Indicate how this project/program would benefit LMI persons by selecting the appropriate subcategories (LMI Limited Clientele, LMI Housing, Job Creation, or LMI Area). Refer to the application guidelines to review the income limits.[ ]  **LMI Limited Clientele;** or[ ]  **Low/Moderate Income Area (LMA) Benefit:** provide the information which supports the method of qualification that demonstrates how your proposed activity meets this national objective. Information must include Census Tract(s) \ and Block Group(s) and number of residents in Service Delivery Area. Please attach a map of the project service area. You may consult with CCCD Staff for assistance with obtaining HUD formula census data.  **Census Tract / Block Group Project Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Census Tract(s)** | **Block Group(s)** | **Total Population** | **Low/Mod Population** | **% Low Mod** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|   | **Area Total** |  |  |  |

 Note: If there is reason to believe that the available census data does not reflect current relative income levels in an area, or where the area does not coincide sufficiently well with census boundaries, please contact the CCCD office to discuss other acceptable methods allowed by HUD to survey residents living in the project services area. [ ]  **Category 2: Prevention or Elimination of Slums or Blight [570.208(b)]**[ ]  Slums or blight on an area basis [ ]  Slums or blight on a spot basis[ ]  **Category 3. Meets an Urgent Need [570.208(c)]** |

**D. PROJECT NEED**

|  |
| --- |
| 1. Briefly describe the **need or problem** to be addressed in the community and how it relates to Cumberland County Community Development’s proposed 2020-2025 Consolidated Plan’s priority needs. (Refer to the Request for Proposal guidelines). Provide information on the population group to be served; the need for the service proposed; what is the existing level of service for the population group; goals and objectives; and what are the gaps in providing the proposed services.     2. Indicate the **work to be performed**, including the activities to be undertaken or the services to be provided, method of approach, and the implementation schedule. Be specific about who will carry out the activities, the location in which they will be carried out, the period over which the activities will be carried out, and the frequency with which the activities will be carried out, and the frequency with which services will be delivered.      3. Indicate how you will identify clients. Provide an estimate as to the number of clients to be served and describe the characteristics (e.g. age, gender, etc.) of the clients.     4. Indicate how you propose to coordinate your services with other community agencies and leverage resources.     5. Indicate how will clients access services at the facility. Describe the efforts your agency and partners will make to promote your program and reach isolated individuals. Describe how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.     6. Explain how the proposed project is not a duplication of an existing service in Cumberland County or how the proposed public service project would better service the community.     7. How will you determine eligibility (income screening, location of residence, and eligibility in other government programs? Are you familiar with current CDBG income screening requirements? Provide a copy of the tool used during the client intake process as an attachment.       8. **For agencies serving primarily homeless persons (or those at-risk of homelessness):**Will the agency participate in the local Continuum of Care (CoC) Coordinated Intake/Entry System (see Request for Proposal guidelines for details)?[ ]  Yes [ ]  No9. If you answered “Yes” to question #8, will the agency use the local Homeless Management Information system (HMIS) database to track client information and resources?[ ]  Yes [ ]  No |

**E. PERFORMANCE MEASURES / ANTICIPATED OUTPUT GOALS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. What performance measures will you use to document the success of your program/project?      If the proposed project will benefit persons served In Cumberland County, indicate the number of unduplicated persons to be assisted in total and the number of unduplicated persons to be assisted with CDBG funds for each year of funding requested. Unduplicated means that each person served by the project is counted only once during the program year. Estimate the number of families / households in Cumberland County to be assisted with CDBG funds (subset of the number of persons to be assisted with CDBG funds).

|  |  |
| --- | --- |
|  | **Proposed** |
| 1. Total **persons** receiving assistance in the proposed project/program
 |       |
| 1. Total low to moderate-income **persons** receiving assistance in the proposed project/program
 |       |
| 1. Total **families / Households** receiving assistance in the proposed project/program (subset of Q1.)
 |       |
| 1. Total low to moderate-income **families / households** receiving assistance in the proposed project/program (subset of Q2.)
 |       |
| **Do you plan to exclusively serve any of the following (check the appropriate box):** |
|  Homeless Families/Individuals | [ ]  |
|  Senior Citizens (62 and older) | [ ]  |
|  Persons Living with AIDS | [ ]  |
|  Abused Children | [ ]  |
|  Battered Persons | [ ]  |
|  Severely Disabled\* Persons | [ ]  |
|  Illiterate Adults | [ ]  |
|  Migrant Farm Workers | [ ]  |
|  Other (specify):       | [ ]  |
| \* Persons are considered severely disabled if they use a wheelchair or another special aid for 6 months or longer; are unable to perform one or more functional activities (seeing, hearing, having one’s speech understood, lifting and carrying, walking up a flight of stairs and walking); need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating and toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone); are prevented from working at a job or doing housework; have a selected condition including autism, cerebral palsy, Alzheimer’s disease, senility or dementia or mental retardation; or are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI). |
| 2. For projects providing temporary housing or shelter:a. Indicate the number of units and beds that the facility will serve: Total Number of Units:       Total Number of Beds:      b. If applicable, indicate the number of households your program is projected to serve in the subpopulation category below? **Subpopulation Type Number of Households Number of Households**  **with Single Adults Only with Children**Chronic Homeless            Veterans             Youth (under 25)             Domestic Violence            Substance Abuse            Domestic Violence            Mental Illness            HIV/AIDS            Other:                   |

 |

**F. GENERAL INFORMATION**

|  |
| --- |
| Indicate the status of this funding request.[ ]  New Project [ ]  Existing Project If the application is for an existing activity, indicate year(s) and amount of awarded funds in the narrative below. Include detailed information on how the existing activity will be expanded if CDBG funds are awarded.      **Location of Project:**Street Address:      City:       State:       Zip:      Projects must provide services within the County’s participating jurisdiction (Refer to the Request for Proposal guidelines for a description of the participating jurisdiction). If your project is located within the City limits of Fayetteville, then the services provided must be accessible to all citizens of Cumberland County. |

**G. PROJECT SITE DESCRIPTION**

|  |
| --- |
| Projects must provide services within the County’s participating jurisdiction (Refer to the Request for Application guidelines for a description of the participating jurisdiction). If your project is located within the City limits of Fayetteville, then the services provided must be accessible to all citizens of Cumberland County. Please provide property site information by answering the following items:Does applicant currently have site control? [ ]  Yes [ ]  NoIf YES, provide evidence of site control (i.e. Include copy of grant deed, purchase option agreement, etc.).If site is not under applicant’s control, provide timeline and schedule for establishing site control.     Parcel Identification Number:      Address:       City:       Zip:      Property size:       Zoning Classification:       Year built:      Landmark designation (if applicable):      Has an appraisal been prepared for the proposed project? [ ]  Yes [ ]  NoIf so, please attach the appraisal with this application.**Property Owner Information**Name:      If not an individual -- indicate Agency, Agent or Management Firm Contact Name:       Phone No:       E-Mail:      Street Address:      City:       State:       Zip:      List Deed Restrictions, Liens, Covenants (if applicable):      List Existing debt (if applicable) $     Lien Holder Name:      Provide square footage, year built, current use, and proposed use for each building structure located on the project site.      Provide a layout of the site showing details of the site, including the locations of any existing Buildings or other structures.Describe any special or unusual features which should be known about this site?     What utilities are presently available to the site?     Is the location of the proposed project currently occupied by tenants? [ ]  Yes [ ]  NoWill there be a need for residents to temporarily or permanently relocate for any reason?      3. Identify the permits that will be required for the project as well as any land use approvals (i.e. lot line adjustment, subdivision, rezone, conditional use, etc.).      1. Is Right of Way acquisition involved? If so, indicate all Parcel Identification Number(s):

      |

**H. ATTACH A DETAILED REHABILITATION / CONSTRUCTION BUDGET (IF APPICABLE)**

Provide an estimate of cost prepared by a qualified cost estimator familiar with commercial structures and familiar with the requirements for historic preservation, if applicable. Please be sure to attach and label the work specifications and cost estimate(s).

**I. PROPOSED PROJECT BUDGET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Complete the line item budget for the proposed project or attach your own project budget sheet to this application.

|  |  |  |  |
| --- | --- | --- | --- |
|  **Item** | **CDBG Funds** | **Other Funds** | **Total Funds** |
| Environmental Review  | $       | $       | $       |
|  |   |   |   |
| Acquisition | $       | $       | $       |
| Appraisal(s) | $       | $       | $       |
| Architect/Engineer | $       | $       | $       |
| Right of Way Acquisition (If applicable) | $      | $      | $      |
| Security Document and Title Report Fees | $      | $       | $      |
|  Construction: |   |   |   |
| Total Construction Contract: Refer to **construction budget in section G** (Include Sales Tax and Construction Contingency) | $       | $       | $       |
|  Project Management      % | $       | $       | $       |
|  Other: |   |   |   |
|  Real Estate Tax | $       | $       | $       |
|  Legal  | $       | $       | $       |
|  Insurance | $       | $       | $       |
|  Relocation | $       | $       | $       |
|  Other: (list)       | $      | $       | $      |
| Other: (list)       | $      | $       | $      |
| Other: (list)       | $      | $       | $      |
| Other: (list)       | $      | $       | $      |
| Sub-Total  | $       | $      | $       |
| **Total Project Budget:** | **$**  | **$** | **$** |

Specify how you arrived at the total cost of the project. Identify the permits that will be required for the project as well as any land use approvals (i.e. lot line adjustment, subdivision, rezone, conditional use, etc.). Your answer should correspond with the construction budget in Section I.      |

**J. AGENCY / APPLICANT CURRENT OPERATING BUDGET (NONPROFIT)**

Please attach the agency’s / applicant’s operating budget. **K. LEVERAGE / SUSTAINABILITY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please provide information on all funding sources you anticipate using for the proposed project. You may attach your commitment letters and other documents or use the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Source / Type (Grant or Loan)** | **Status\*** | **Date of Anticipated Award Announcement** | **Amount** |
| CC Community Dev. | CDBG / Grant | Awaiting Response | June 2021 |       |
| State  |       /       |  |       |       |
| Other Federal |       /       |  |       |       |
| Local:       |       /       |  |       |       |
| Other:       |       /       |  |       |       |
| Other:       |       /       |  |       |       |
| Other:       |       /       |  |       |       |
| Other:       |       /       |  |       |       |
| Other:       |       /       |  |       |       |
| Other:       |       /       |  |       |       |
| Other:       |       /       |  |       |       |
| Program Income (CDBG) |  |  |  |       |
| Total |  |  |  | $      |

*\*Indicate the status of the funding commitment using the following choices: 1) funding secured, 2) awaiting final approval, 3) awaiting response, 4) status unknown.*  |

1. In the event one or more of the line items in your program budget is not realized, discuss the effect it would have on the proposed public service?

1. Explain how this program (whether it is a start-up or continuation) could be maintained and operated without continued or additional CDBG funding?

**L. ESTIMATED PROJECT/PROGRAM IMPLEMENTATION SCHEDULE**

Work funded with CDBG funds should not start until the environmental review has been completed; funds are released by the U.S. Department of Housing and Urban Development; and the agency is under contract with Cumberland County Community Development.

|  |  |
| --- | --- |
| **Milestones** | **Projected Number of Days to be Completed** |
| Environmental Review Completed by CCCD & Authority to Use Grant Funds Received\*  | 30 - 90 |
| Contract Preparation & Approval | 30 |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

***\*****Environmental Review will begin as soon as the applicant has been conditionally selected for funding. Environmental reviews may take approximately 30-90 days to complete unless there are pending issues or additional studies that have to be completed.*

**M. PROJECT TEAM**

|  |
| --- |
| If applicable, provide the name of the consultant or staff person, agency, telephone number, and email that will perform the following tasks. Please note that consultants paid for with HOME funds must be selected through a competitive process and in accordance with 2 CFR 200. **1. Application Submission**Contact information:       **2. Prime Contractor:**Contact information:      Indicate most recent project(s) completed:     **3. Architect:** Contact information:       Indicate most recent project(s) completed:     **4. Engineer:**Contact information:      **5. Labor Standards / Davis-Bacon Requirements**Obtain Davis-Bacon payroll reports from contractors/subcontractors and submit to CCCD:Contact information:      **6. Section 3 Requirements**Obtain forms from contractors/subcontractors and submit to CCCD:Contact information:       |

**N. ENVIRONMENTAL REVIEW (ER)**

|  |
| --- |
| On the date the CDBG application is submitted, the entire project is subject to the federal environmental review requirements of the National Environmental Policy Act (NEPA). Costs associated with NEPA review are the responsibility of the applicant, even if the NEPA review results in a determination that the project is not eligible for CDBG funding. Environmental review costs are eligible CDBG expenditures.Applicants should note that projects with certain characteristics such as, but not limited to, the following may require a consultant study as part of the environmental review procedures and should budget for them accordingly and allow additional time in the project milestones for completion:* 1. Are within a Federal Emergency Management Agency (FEMA) 100-year floodplain;
	2. Are (or are eligible for) local, state, or federal historic or landmark registers;
	3. Are located within 3,000 feet of a toxic site or solid waste landfill;
	4. Have exposure to significant airport or highway noise;
	5. Affect species that are listed or proposed for listing under the Endangered Species Act (ESA);
	6. Involve digging in, or otherwise impacting, soil that has not been previously disturbed**.**

You are encouraged to consult CCCD staff prior to submitting an application to determine whether your project will require a consultant study. A portion of the funds awarded will be used to procure any required studies. Consideration for this expense should be given in the preparation of the project budget. Environmental review of projects must be completed by CCCD staff prior to a CDBG contract being executed and prior to any work being undertaken at the site.**\*\*Note on Choice-Limiting Activities**: From your application submittal date until the ER completion date, no “choice limiting” activities (such as property acquisition, leasing, demolition, rehabilitation, construction, and site improvements, clearing, grading, etc.) may occur. Undertaking such activities after application submittal could void the project’s eligibility.**Please thoroughly answer the following questions:**What is the current use of the site?      What are the current site natural conditions (trees, ground surface, etc.)? How developed (buildings, roads, etc.) is the site? Describe the surrounding area (commercial, residential, wooded, etc.).     Identify the nearest natural water body (stream, lake, etc.). How far, and in which direction, is it from the project site?     How much of a net increase in impervious surface (ex: concrete/asphalt) will occur (if applicable)?     Does a current storm water system exist at the project site? Please explain.     Will the project excavate or otherwise disturb soil? If so, to what depth and horizontal dimensions? Will any previously-undisturbed soil be impacted? Please explain.     Is the project located in a(n):  *(check and respond to all that apply)*[ ]  FEMA-designated floodplain? If so, does your agency have flood insurance (please provide covered items, dollar amount and duration)? *(CDBG funds may not be used for any projects located in a FEMA-designated floodway).*[ ]  Wetland?[ ]  Ecologically-sensitive area?[ ]  Designated Historic area?Toxics: Has a *Phase I Environmental Site Assessment* (or equivalent toxics review) been completed? (These are normally completed upon property purchase.) If so, on what date?      Do any underground storage tanks (used to store oil/fuel) exist on, or adjacent to, the property? Did any exist in the past? If yes, please explain, include size of the tank(s).      What was the previous use of the property?       Identify any other environmental reviews or studies completed for this site.  Studies: [ Title:      ] Date Completed:        Other: [ Title:      ] Date Completed:      -Provide any pictures you have of the project site and its surrounding area to CCCD. -Attach any site plans you have available. **If you need assistance with the Environmental Review Details section, please contact Devon Newton at (910) 323-6112 or dnewton@cumberlandcountync.gov**  |

**O. FEDERAL AND GENERAL REQUIREMENTS**

|  |
| --- |
| Agencies must adhere to applicable statutes and regulations listed below:**Debarment and Suspension -** The applicant/agency is not currently debarred nor suspended from submitting proposal for contracts issued by any political subdivision or agency of the State of North Carolina or the Federal government. Applicant/agency must be registered at Sam.gov to be eligible.**Utilization of Minority/Women & Disadvantaged Contractors** – Projects receiving CDBG funding must notify and include minority and women contractors in their bidding process. *Executive Order 11625 (Utilization of Minority Business Enterprise) and Executive Order 12138 (Utilization of Female Business Enterprise).***Davis-Bacon Prevailing Wage Rate Labor Standards** – Any construction project receiving $2,000 or more in CDBG or other federal funds, as applicable, will be required to comply with prevailing wage requirements.**Section 3** – Projects receiving CDBG funding that involve building or public facilities improvements must, to the greatest extent feasible, utilize area lower income residents for employment and trainingopportunities. *(24 CFR Part 135).***Environmental Regulations** – All funded projects must undergo environmental review to ensure compliance with the National Environmental Protection Act regulations. CCCD will conduct the environmental review with cooperation from the funded agency.**Title VI of the Civil Rights Act of 1964** – No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance on the grounds of race, color, or national origin. (*Public Law 99-352).***Title VIII of the Civil Rights Act of 1969** – The Fair Housing Act prohibits discrimination in the sale or rental of housing, the financing of housing, or the provision of brokerage services, including otherwise making unavailable or denying a dwelling to a person, because of race, color, religion, sex, national origin, or familial status. *(Public Law 90-294).***American with Disabilities Act** – Projects receiving CDBG/HOME funding involving physical activities must include accessibility and comply with the Americans with Disabilities Act guidelines. Any CDBG/HOME funded service must be provided in an accessible location.**Drug-Free Workplace** – The agency shall make a good faith effort to maintain a drug-free workplace. *(24 CFR Part 21).***Anti-Lobbying** – No federal funds shall be used for the purpose of 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. *(USC Title 31 Section 1352).***Lead-Based Paint** – Any activities involving the presence of lead-based paint shall comply with the requirements of 24 CFR Part 35.**Community Development Block Grant Program** funds shall be used exclusively for eligible activities permitted by 24 CFR Part 570.**Office of Management and Budget (OMB) Circulars** – OMB Circular A-133, Audits of State, Local Governments, and Nonprofit Organizations; OMB Circular A-122, Cost Principles for Nonprofit Organizations; and OMB Circular A-21, Cost Principles for Educational Institutions.**Procurement** - Contracts funded with federal grant or loan funds must be procured in a manner that conforms with all applicable Federal laws, policies, and standards, including those under the Uniform Guidance (2 C.F.R. Part 200).**Conflicts of Interest**. In addition to the prohibition against self-benefiting from a public contract under G.S. 14-234, no officer, employee, or agent of the County of Cumberland may participate directly or indirectly in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent conflict of interest. A real or apparent conflict exists when any of the following parties has a financial or other interest in or receives a tangible personal benefit from a firm considered for award of a contract:1. the employee, officer, or agent involved in the selection, award, or administration of a contract;
2. any member of his or her immediate family;
3. his or her partner; or
4. an organization which employs or is about to employ any of these parties.

Any officer, employee, or agent with an actual, apparent, or potential conflict of interest as defined in this policy shall report the conflict to his or her immediate supervisor. Any such conflict shall be disclosed in writing to the federal award agency or pass-through entity in accordance with applicable Federal awarding agency policy.**See Request for Applications guidelines for additional requirements.** |

**P. APPLICANT CERTIFICATION AND ACKNOWLEDGEMENT**

|  |
| --- |
| The undersigned hereby makes application to Cumberland County (through the Community Development Department) through its Public Facilities / Improvements Program for **CDBG funding** in the amount of **$**     to undertake the activities described in this application. The financial assistance will be in the form of a grant.It is understood by the applicant that this is a formal application for financial assistance. The applicant also understands that Cumberland County and the Community Development Department will not be responsible for any costs incurred by the applicant in developing and submitting this application and that all applications submitted become the property of Cumberland County and the Community Development Department and a matter of public record.The applicant understands that Cumberland County and the Community Development Department makes no representations or warranties regarding the financial feasibility of the proposed project and that any and all financing of the project is solely based on representations made by the applicant. The applicant therefore agree to hold harmless and indemnify Cumberland County and the Community Development Department and the individual directors, employees, members, officers, and agents of Cumberland County and the Community Development Department in the event that the applicant or anyone acting on the applicant's behalf, at the applicant's request or by and through the applicant incurs any loss in conjunction with the project. It is understood and agreed by the applicant that, for the purposes of determining the terms under which a Commitment may be made, the Cumberland County and the Community Development Department may require changes in the information contained herein (including attachments) or in any documentation or materials now or hereafter submitted in connection with this application. It is further understood by the applicant, that additional information may be requested in order to facilitate the decision-making process. By execution of the Application, the applicant understands and agrees that Cumberland County and the Community Development Department will conduct its own independent review and analysis of the information provided in the application, that any such review or analysis will be made for the sole and exclusive benefit and protection of Cumberland County and the Community Development Department.I understand and agree that my application for financing, all attachments thereto, and all correspondence relating to my application are subject to a disclosure request and I expressly consent to such disclosure. I further understand that any and all correspondence to me from Cumberland County and the Community Development Department or other Cumberland County-generated documents relating to my application are subject to a request for disclosure and I expressly consent to such disclosure. I agree to hold harmless Cumberland County and the Community Development Department and the individual directors, employees, members, officers, and agents of Cumberland County and the Community Development Department against all losses, costs, damages, expenses, and liability of whatsoever nature or kind (including, but not limited to, attorney's fees, litigation, and court costs) directly or indirectly resulting from or arising out of the release of all information pertaining to my application pursuant to a disclosure request. All Federal, State and local subsidies have been disclosed and revealed.I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of Authorized Official Date**     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Printed Name / Title***Applications submitted by cities or townships must be signed by the mayor, town board chair, or city/town manager and must be authorized by the city council or town board. Applications submitted by nonprofit organizations must be signed by an authorized representative and must be authorized by the governing board.* |