

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PREAPPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 61542 (09/18)

PREAPPLICATION COVER SHEET FOR FISCAL YEAR _____			
1. LEGAL APPLICANT			
Applicant Name		County	
Mailing Address		City	State ZIP Code
Local Government Contact Person		Telephone Number	Email Address
Auditor		Telephone Number	Email Address
Person Who Completed Application		Telephone Number	Email Address
2. ELIGIBLE ACTIVITY Which eligible activity listed in Section II of the State Program Distribution Statement does this project comply with?			
3. NATIONAL OBJECTIVE		4. PROPOSED BENEFIT	
5. PROJECT BENEFICIARIES		Persons	Households
a. Population from Last U.S. Census		_____	_____
b. Project Area Population		_____	_____
c. Low-to-Moderate Income Population		_____	_____
		6. LMI PERCENTAGE Divide persons in (c.) by (b.) in #5	
6. PROJECT DESCRIPTION			
7. PROJECT ACTIVITY TYPE		8. USE OF FUNDS	
9. ANTICIPATED PROJECT START DATE		10. ANTICIPATED PROJECT DURATION (MAX 18 MONTHS)	
11. PROPOSED PROJECT BUDGET			
SOURCE	AMOUNT	USE	
CDBG			
CDBG Administration			
State/Local			
State/Local Administration			
Other			

CDBG PREAPPLICATION CHECKLIST	
The following documents must be provided with the preapplication, if applicable.	
PUBLIC FACILITIES	
12. Preliminary architect/engineering report provided? (Required for all public facility projects over \$50,000) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
13. Does this project involve special assessments? <input type="checkbox"/> No <input type="checkbox"/> Yes *Attach project map <input type="checkbox"/> N/A	
14. Is the public facility occupied by more than one tenant? <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain <input type="checkbox"/> N/A	
HOUSING	
15. How many units will be rehabilitated?	
16. What year were these units built?	
17. How many units are occupied by low-to-moderate income individuals? (attach supporting income documentation)	
PUBLIC SERVICES	
18. Is the facility occupied by more than one tenant? (If yes, please explain) <input type="checkbox"/> No <input type="checkbox"/> Yes - Explain <input type="checkbox"/> N/A	
19. What supportive services are provided at the facility?	
20. Additional Comments:	
<p>By signing below, the Applicant certifies that: To the best of my knowledge and belief, data in this application are true and correct, and the document has been duly authorized by the governing body of the applicant.</p>	
Name of Chief Elected Official	Title of Chief Elected Official
Signature of Chief Elected Official	Date

Required: Supporting Applicant Information

- Resolution of Sponsorship – Please attach resolution from the City/County board that is submitting this pre-application. (See Page 5 of this pre-application packet).
- Copy of meeting minutes adopting the Resolution of Sponsorship.
- Facility Rates/Budget – Please attach the rate schedule (i.e. water, sewer, facility rental) or explain source of income.
- Provide capital improvement fund balance for the account that relates closest to the proposed project construction or improvement.
- Copy of the applicant’s most recent audit.
- Status of matching funds INCLUDING DOCUMENTATION THAT FUNDS ARE SECURED.
- Applicant’s letter of commitment of local funds indicating the fund any loans will be paid from.
- Project Area Map – Please attach a map showing the boundaries of applicant’s jurisdiction and the location of the proposed project. Attach Floodplain map, if available, indicating project location.

Required: Project Information

If applicable: Engineer/Architect Name	
Address	
Contact Information	

- Describe the problem/need to be addressed, how long the problem/need has existed, and whether or not it is recurring in nature.
- Describe why the problem/need requires immediate attention, and whether or not it involves public health and safety.
- Describe if the project is required to address a mandated court order or specific local, state, or federal compliance requirements. Also, describe what previous efforts have been undertaken to address the problem/need.
- Describe who is to be served, whether it is community-wide or a specific target population. If it is community-wide, describe how the entire community is affected.
- Describe why CDBG funds are needed and what they will be used for, and include a description of why the project cannot be totally financed locally.
- Alternatives to solving the problem. Describe why the proposed project was selected as the solution, and whether or not it will be a long-term solution to the problem/need.
- Description of the existing facility (age, purpose, etc.) For buildings/structures 50+ years or if age is unknown attach photos (take obliquely showing front and side and back and side of each building/structure).
- If rehabilitation is involved, send photo close-ups of affected areas such as windows or doors). Photocopies are not accepted, digital jpeg pictures are accepted.
- Scope of the work to be performed.
- Detailed line item estimate of potential costs, supplied by engineer/architect if construction estimate above \$50,000 or written estimate from a contractor or supplier, etc., if construction estimate below \$50,000.
- Plans for projects long-term maintenance and operation.

RESOLUTION OF SPONSORSHIP

Sponsoring units of government must adopt and submit the following or an equivalent resolution. This resolution must be adopted prior to submission of the application.

Be it resolved that the _____ (Sponsoring unit of governments) will act as sponsoring unit of government for the project titled _____ to be conducted during the period of _____ through _____.

_____ (Title of authorized official) is hereby authorized to apply to the North Dakota Division of Community Services for funding of this project on behalf of the _____ (Sponsoring unit of government) on _____(date).

I certify that the above resolution was adopted by the _____ (City Council, County Commission) of _____ (Sponsoring unit of government) on _____ (date).

SIGNED:	WITNESSED
_____ Signature	_____ Signature
_____ Title	_____ Title
_____ Date	_____ Date