

CDBG FINAL APPLICATION
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 52659 (3/09)

FINAL APPLICATION COVER SHEET FY _____	
1. LEGAL APPLICANT	
Applicant Name	County
Address (<i>Street, City, State, Zip</i>)	
Local Government Contact Person	Phone Number
Person Who Completed Application	Phone Number
Population From Last Official Census	Project Area Population
2. NATIONAL OBJECTIVE (<i>Mark One Box</i>) <input type="checkbox"/> Benefit to Very Low/Low <input type="checkbox"/> Elimination of Slums/Blight <input type="checkbox"/> Alleviation of Urgent Need	3. ELIGIBLE ACTIVITY Which eligible activity listed in Section II of the State Program Distribution Statement does this project comply with? # _____
4. TITLE OF PROJECT AND BRIEF DESCRIPTION	
5. Applicant Duns Number	Business Duns Number (<i>ED projects only</i>)
6. USE OF FUNDS <input type="checkbox"/> Construction <input type="checkbox"/> Equipment Purchase <input type="checkbox"/> Relocation/Acquisition <input type="checkbox"/> Special Assessments <input type="checkbox"/> Removal of Architectural Barriers <input type="checkbox"/> Public Service <input type="checkbox"/> Other _____	7. PROPOSED FUNDING a. CDBG Project Cost \$ _____ b. CDBG Administration _____ c. Local Funds _____ d. Other Funds _____ e. Other Administration _____ f. Total Costs \$ _____
8. IS ANY PORTION OF THE TOTAL COSTS BEING SPECIAL ASSESSED?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. PROJECT START DATE	10. PROJECT DURATION
11. 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.	
NAME	TITLE
SIGNATURE CHIEF ELECTED OFFICIAL X	DATE

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 _____
(Sponsoring Unit of Government) will act as sponsoring unit of government for the project titled _____ to be conducted during the period _____ through _____ (duration dates).

_____ (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 _____ (Sponsoring Unit of Government) on _____ (Date).

I certify that the above resolution was adopted by the _____
(City Council, County Board, etc.) of _____
(Sponsoring Unit of Government) on _____ (Date).

SIGNED:

Signature

Title

Date

WITNESSED:

Signature

Title

Date

APPLICANT ASSURANCE CERTIFICATIONS

This certification must be signed by the chief elected official prior to the submission of the application, and it must be attached to the application.

The applicant certifies that they have read and understand the Community Development Block Grant General Policies and Procedures and Statement of Assurances located in the State Program Distribution Statement.

The applicant certifies that they will, in all Community Development Block Grant funded activities, encourage efforts to minimize displacement which is involuntary and which results in permanent displacement as well as displacement of tenants for six months or more as a result of substantial rehabilitation activities (rehabilitation which costs \$10,000 or more). Should such displacement become absolutely necessary to the success of a project, the City/County will abide by the Federal Uniform Relocation Assistance and Real Property Acquisition Act of 1970 (as amended) and the North Dakota Community Development Block Grant Displacement Policy as stated in the State's CDBG Program Statement.

The applicant certifies that they will comply with affirmatively further fair housing by completing the items that have been checked on the Fair Housing Certification form. The applicant will actively comply with the elected fair housing choices within 12 months of the Financial Award.

SIGNED:

Signature

Title

Date

WITNESSED:

Signature

Title

Date

FAIR HOUSING CERTIFICATION

Fair housing is generally thought of as a condition in which individuals of similar income levels in the same housing market area have a like range of housing choices available to them, regardless of their race, color, religion, sex, national origin, etc. Local governments, because of their influence and power, are in the most effective position to promote fair housing.

Fair housing compliance requires that grantees affirmatively further fair housing. It requires some form of action, rather than passive compliance with existing laws and ordinances.

The following activities will satisfy the requirements. Please indicate which you will carry out.

1. Publicize that the city/county government will assist persons experiencing discrimination in housing.
2. Development and adoption of a fair housing policy with identification of methods of enforcement.
3. Provision of housing counseling services which assist minorities and women seeking housing outside areas of concentration.
4. Work with local real estate brokers to formulate a Voluntary Area-wide Marketing Agreement.
5. Work with local banks to post "equal lending opportunity" advertisements.
6. Use "equal housing opportunity" slogan and logo on city letterhead.
7. Sponsor fair housing seminars and campaigns.
8. Work with minority and women leaders in the area to promote housing development and increase minority and female participation.
9. Assist local housing developers in developing outreach programs to attract minorities and females.
10. Review zoning ordinances and comprehensive plans to insure they promote special de concentration of assisted housing units.
11. Create a local housing authority.
12. Publicly advertise the city as a "fair housing city."
13. Adopt a code enforcement ordinance which will compel landlords to keep their units in safe and sanitary condition.
14. Other (Please describe)

ADDITIONAL REQUIRED INFORMATION

1. The applicant must adopt a Citizen Participation Plan for CDBG. This plan must be included with the application. A suggested format can be found in Section D.
2. A Housing Rehab Program application must be completed for each homeowner requesting assistance. A suggested format can be found in Section D.
3. It is a requirement for each CDBG recipient to complete a Section 504 Self Evaluation/Transition Plan. Has one been completed? Yes No

If yes, are updates necessary.

COMMUNITY DEVELOPMENT NEEDS ASSESSMENT

Pursuant to federal law, CDBG applicants must identify their community development and housing needs, including the needs of very low and low income persons, and the activities to be undertaken to meet such needs. The purpose of the community needs assessment or problem identification process is to have communities ascertain their most pressing problems and critical needs, both on a community-wide basis and of the selected target area. Such a process should promote better coordinated strategies for addressing local needs, particularly as they affect very low and low income persons.

A standard format for undertaking the Community Development Needs Assessment has been developed by the Association of Regional Planning Councils in North Dakota and the Division of Community Services. While applicants must utilize the following form, the methodology for obtaining the information can be one of a number of techniques. For example, some local governments have assigned the needs assessment task to an existing local planning committee. Others have formed special short-term committees or utilized community-wide town meetings, or community surveys. Whatever approach is followed, the applicant must, at a minimum, meet the citizen participation requirement of conducting at least one public hearing prior to submitting a grant application.

The community development needs assessment should be consistent with the application. While the proposed project in the community's CDBG application does not have to be the highest priority community need, the rationale for the activity's selection must be present. The reasons for such, could include the availability of other, more appropriate local, state or federal resources, which would justify submitting a CDBG application for other than the top-ranked community need.

The completed form must be adopted by the applicants governing board only after the public has been given the opportunity to respond and provide input at a public meeting held no earlier than 180 days prior to submission of the CDBG application. Questions concerning the needs assessment process can be directed to the local regional planning council or to the North Dakota Division of Community Services (328-2094).

COMMUNITY DEVELOPMENT NEEDS ASSESSMENT

Please check the column you think most accurately describes your Community's facilities and/or operations in each of the categories listed in the survey form.

Please give a brief explanation at the bottom of each section (use additional pages if necessary) describing the problem you feel exists wherever "Inadequate" is marked in the columns.

I. COMMUNITY NEEDS

The Applicant's community development needs in public facilities, housing and economic development, including the needs of very low and low income persons.

A. INFRASTRUCTURE NEEDS

1. WATER	Adequate	Inadequate*	Not Applicable
Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Distribution System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Storage Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Explanation of "Inadequate" determinations:

2. SANITARY SEWER	Adequate	Inadequate*	Not Applicable
System Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Explanation of "Inadequate" determinations:

3. DRAINAGE

Adequate

Inadequate*

Not Applicable

Storm Sewer

Flood Control

Other

*Explanation of "Inadequate" determinations:

4. TRANSPORTATION

Adequate

Inadequate*

Not Applicable

Streets and Roads

Curb and Gutter

Bridges

Parking

Railroad Crossings

Pedestrian Walkways

Handicapped Access

Airports

Public Transportation

Other

*Explanation of "Inadequate" determinations:

B. PUBLIC FACILITY NEEDS

Adequate

Inadequate*

Not Applicable

Fire Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Citizen Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City Hall/County Courthouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Care Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital/Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicapped Accessibility To Public Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Explanation of "Inadequate" determinations:

C. HOUSING NEEDS

Adequate

Inadequate*

Not Applicable

1. HOUSING AVAILABILITY

Rental Housing/Apartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detached Owner-Occupied Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-Cost Housing Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Units for the Elderly & Handicapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Explanation of "Inadequate" determinations:

2. HOUSING CONDITION

Adequate

Inadequate*

Not Applicable

Rental Housing/Apartments

Detached Owner-Occupied Homes

Mobile Homes

Vacancy Rate of Standard/Substandard Homes

Percentage of Substandard Units

Other

*Explanation of "Inadequate" determinations:

D. ECONOMIC DEVELOPMENT

Adequate

Inadequate*

Not Applicable

Number of Jobs Available

Availability of Commercial/Industrial Space

Availability of Basic Consumer Goods & Services

Viability of Existing Businesses

Rate of Business Expansion

Economic Diversity in the Community

Other

*Explanation of "Inadequate" determinations:

E. TARGETED GROUP NEEDS

Please RATE (e.g. 1, 2, 3, ...) the greatest needs of very low and low income, minority (including women), and handicapped persons and/or households in your community.

_____ Help in paying monthly water bills, sewer bills, or special assessments.

_____ Improved or better weatherized housing, or more choices in available housing.

_____ Jobs or more or better employment opportunities.

_____ Other _____

_____ Other _____

Explanation of top rated needs:

II. PRIORITIZATION

Prioritize your Community Development needs and indicate for each need the solution or solutions you have identified for overcoming those needs.

When prioritizing needs review the community's goals, plans and current commitments. Please note that communities may have several top priorities. The following criteria is given to aid the community in developing these priorities.

1. Priority A

These are immediate needs to which the community is committed, and for which funding and timing are not flexible.

They may include promoting the orderly development of industrial, commercial or residential areas.

2. Priority B

These are serious needs that should be met now, but for which funding is flexible.

This would include correcting existing deficiencies or to repair or replace inadequate (but still functioning) existing facilities.

3. Priority C

These are important needs, with desirable goals, that have both timing and funding flexibility.

4. Priority D

These are needs that do not require immediate attention now, but which may need to be addressed in the future.

They also may require more study before commitments can be made.

The Community/County of _____ has identified the following priority needs and proposed solutions (Priority A represents the highest priority).

PRIORITY NEEDS

PROPOSED SOLUTIONS

Priority A

Priority A

PRIORITY NEEDS

PROPOSED SOLUTIONS

Priority B

Priority B

PRIORITY NEEDS	PROPOSED SOLUTIONS
Priority C	Priority C
PRIORITY NEEDS	PROPOSED SOLUTIONS
Priority D	Priority D
<hr/> Signature of Chief Executive Officer	<hr/> Title Date

APPLICATION QUESTIONS

**— ATTACH ALL PRE-APPLICATION AND FINAL
APPLICATION QUESTIONS FOR STATE REVIEW —**

INSTRUCTIONS FOR COMPLETION OF DISCLOSURE REPORT

All applicants for HUD assistance must complete and submit, with their application, Parts I, II and VI of the Disclosure Report. At the completion of Part II of the report, some applicants will find that they must complete Parts III, IV, and V of the Report.

Part I requires the applicant's name, address, phone and Federal Employer Identification number; indication as to whether this is an initial report or an update (all applicants will check the initial report box); name of the project to be assisted; the Federal fiscal year (Oct. 1 through Sept. 30) that funds are subject to the disclosure; and the aggregate amount of all assistance from HUD, State, and unit of general local government for this specific project or activity that you have received and can reasonably expect to receive during the Federal fiscal year the application is submitted.

Part II asks three questions. If the answer to all the questions is "No", the applicant must provide the certification at the end of Part VI, but is not required to complete the remainder of the report. If the answer to any question is "Yes" then the applicant must complete the remainder of the Report.

Part III requires information on any other Federal, State and/or local assistance that is to be used in conjunction with the HUD project.

Part IV requires the identification of interested parties. Interested parties are persons and entities with a reportable financial interest in the project. If an entity is being disclosed, the disclosure in Part IV must include an identification of each officer, director, principal stockholder or other official of the entity. All consultants, developers or contractors involved in the application for HUD assistance, or in the planning, development or implementation of the project, must be identified as an interested party. Also, any other person or entity that has a pecuniary interest in the project that exceeds \$50,000 or 10 percent of the HUD assistance, whichever is lower, must be listed as an interested party. Pecuniary interest means any financial involvement in the project, including (but not limited to) situations in which a persons or entity has an equity interest in the project, shares in any profit or resale or any distribution of surplus cash or other assets of the project or receives compensation for any goods or services provided in connection with the project. (The following are not considered interested parties: local administrative staff, recipients of housing rehab assistance, and rehab contractors as long as the rehab agreement is between the property owner and the contractor.)

It is realized that at the time of application, applicants may not be aware of all interested parties since contracts and agreements for goods and services are not awarded until after the Release of Funds. Subsequent to the Release of Funds, as projects are being implemented, funds will be committed to interested parties which will necessitate the submission of an updated Disclosure Report. However, if an applicant for HUD funds identifies, under Part III of the Disclosure Report, other governmental assistance that is to be used in conjunction with projects funded with HUD funds and, if these other funds have been committed to interested parties, then these interested parties must be identified in Part IV of the initial report.

Part V requires applicants to identify the sources and uses of all funds to be used in conjunction with the funded project. The sources and uses must include all the other assistance identified in Part III as well as the HUD funds identified in Part I).

Part VI requires the certification of the Chief Elected Official.

HUD DISCLOSURE REPORT

PART I - APPLICANT/GRANTEE INFORMATION

1. Applicant/Grantee Name & Address	2. Indicate Whether this is: Initial Report <input type="checkbox"/> Update Report <input type="checkbox"/>
3. Phone Number	4. Federal Employer Identification Number
5. Projects Assisted/to be Assisted a. Fiscal Year _____	
6. Amount HUD Funds Requested/Received for this Project	\$ _____
7. Aggregate amount of all other assistance from HUD, State, and unit of general local government for this specific project or activity that you have received and can reasonably expect to receive during the Federal fiscal year the application is submitted.	_____
8. Total of 6 and 7.	\$ _____

PART II - THRESHOLD DETERMINATIONS

1. Is the amount listed at 6 (above) more than \$200,000?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is the amount listed at 8 (above) more than \$200,000?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Is this application for a specific housing project that involves other government assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer to any question of this Part is "Yes", then you must completed the remainder of this report.

If the answer to all questions of this Part is "No", then you are not required to complete the remainder of this report, but you must sign the Part VI certification and return Parts I, II, and VI to the Division of Community Services.

**PART III - OTHER GOVERNMENT ASSISTANCE
PROVIDED/APPLIED FOR**

1. Provide the requested information for any other Federal, State and/or local governmental assistance, on hand or applied for, that will be used in conjunction with this application. (See Appendix A of the Instructions)

Name and Address of Agency Providing or to Provide Assistance	Program	Type of Assistance	Amount Requested or Provided

PART IV - INTERESTED PARTIES

Alphabetical List of All Persons with a Reportable Financial Interest in the Project	Social Security Number or Employer ID Number (optional)	Type of Participation in Project	Financial Interest in Project \$ and %

PART V - EXPECTED SOURCES AND USES FOR FUNDS

This Part requires that you identify the sources and uses of all assistance that have been or may be used in the project.

Source

Use

PART VI - CERTIFICATION

I hereby certify that the information provided in this disclosure is true and correct and I am aware that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I knowingly and materially violate any required disclosure of information, including intentional nondisclosure, I am subject to a civil money penalty not to exceed \$10,000 for each violation.

(Chief Elected Official)

(Date)