

F. This project is consistent with the following Rapid City 2008 Consolidated Plan priority need(s):

Housing:

Rehabilitation

- Owner Occupied Rehab

Homeownership

- Acquisition
- Acquisition rehab
- Acquisition cost assistance
- Land purchase for Land Trust

Handicap Accessibility Modifications

- Owner occupied housing
- Rental units

Rental Units – Subsidized Apartments

- Single room occupancy or efficiency
- One bedroom apartments
- Small related
- Large related
- Elderly
- Other special (*explain*)

Homelessness & Special Needs Populations

- Homeless Individuals
 - Emergency Shelter
 - Transitional Housing
 - Case Management
 - Life Skills Training
- Families
 - Emergency Shelter
 - Transitional Housing
 - Case Management
 - Life Skills Training
- Permanent Housing
 - Chronic Substance Abusers
 - Dually Diagnosed
 - Victims of Domestic Violence
- Families with Children
 - Emergency Shelter
 - Transitional Housing
 - Case management – supportive services
 - Life skills training – supportive services
 - Permanent housing – Assisted living for chronically mentally ill

- Support services for outreach and referrals

Non-Housing Community Development:

Economic Development

- Micro-enterprise loans
- Other

Public Facilities & Improvements

- General
- Senior Centers

Non-Housing Community Development (continued)

Infrastructure

- Lot purchase for drainage basin
- Water/Sewer improvements
- Street Improvements
- Other

- Neighborhood Facilities
- Parks and Recreational Facilities
- Removal of Architectural Barriers

Public Services:

General

- Counseling for low income people
- Assistance w/deposits, utilities, car repair
- People at risk
- Medication program
- Recreational programs
- Individual Deposit Accounts
- Advocates
- Mental Health Services

Education

- Financial education
- Homebuyer education

- Handicap Services
- Legal Services
- Senior Centers
- Senior Services
- Substance Abuse Services

Transportation

- Passes
- Buses
- Transportation costs/expenses
- Vehicles

Youth Programs

- Child Care/Youth Centers
- Abused/Neglected Children
- Emotional/ Behavioral problems
- Medicaid Match

Youth Services

- Suicide prevention
- Youth Services
- Juvenile Delinquency
- Counseling services
- Counseling for incarcerated youth
- Health Education / Advocacy
- Mentoring programs

Economic Development & Job Creation

- Micro Enterprise Loans for low income people
- Job Training programs for low income people

G. Who will be served by the program for which CDBG funds are being requested?

Please check any of the following specific groups of clientele and indicate the projected number of persons or households you expect to help.

- | | | | |
|---|--|-------------------------------------|-------|
| <input type="checkbox"/> Abused and/or neglected children | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Homeless persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Elderly persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Disabled persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Battered spouse | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Illiterate persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Very low income
<i>(income below 30% of area median income)</i> | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Low income
<i>(income between 31% - 50% of area median income)</i> | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Moderate income
<i>(income between 51% - 80% of area median income)</i> | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Above 80% of median income | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input type="checkbox"/> Other: <i>Explain:</i> _____ | | | |

H. If this is a housing program, it will be used to provide:

- | | | | |
|--|---|---------------------------------|--------------------------|
| <input type="checkbox"/> New Single family housing | <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Rental | Amount per unit \$ _____ |
| <input type="checkbox"/> New multi-family housing | <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Rental | Amount per unit \$ _____ |
| <input type="checkbox"/> Housing Purchase rehabilitation | Maximum Assistance per household \$ _____ | | |
| <input type="checkbox"/> Housing Rehabilitation for homeowners | Maximum Assistance per household \$ _____ | | |
| <input type="checkbox"/> Down payment or closing cost assistance | Maximum Assistance per household \$ _____ | | |
| <input type="checkbox"/> Emergency Shelter | How many beds? _____ | | |
| <input type="checkbox"/> Transitional Housing | How many apartments? _____ How many beds? _____ | | |

Will the program beneficiaries or participants be limited to low-and-moderate income? households? Yes No **If not, explain the criteria for qualifying for the program:** _____

State the number of years affordability will be required. _____ years

Number of Energy Star homes projected? _____

Number of Section 504 accessible units to be completed? _____

Number of units designated for persons with HIV/AIDS? _____

Number of units for chronically homeless? _____

I. If the project or activity for which CDBG funds are requested will create new housing , or improve permanent residential housing structures that will be occupied by low and moderate income households upon completion please state how many will be:

New homes/units _____ Rehabilitation units _____ Completed in program year _____

For rentals, will the rental amounts remain affordable as per HUD guidelines? Yes No

If not, explain rental structure: _____

J. Fee schedule for services, if applicable, (please attach): _____

K. Why is this project needed in this community? _____

L. Describe specifically what funds will be spent on: _____

M. Budget Breakdown for Program/Project

Please provide a breakdown for the total program/project budget:

Funding Sources for the Program/Project:

List total cost for the program/project and all expected funding sources and date funds expected to be available/received:

	\$ _____	Estimated Date funds available _____
Total Project Cost	\$ _____	_____
<i>Other funding sources:</i>		
<u>Federal Funds:</u>		
HOME funds	\$ _____	_____
Emergency Shelter Grant funds	\$ _____	_____
HOPWA	\$ _____	_____
Other federal funds (list) _____	\$ _____	_____
<u>State Funds:</u>		
_____	\$ _____	_____
<u>Local Funds:</u>		
_____	\$ _____	_____
<u>Private Funds:</u>		
_____	\$ _____	_____
<u>Other:</u>		
_____	\$ _____	_____
Total CDBG Funds Requested	\$ _____	

Percent of Project funded with CDBG funds = _____ %

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
Salaries	\$ _____	
Fair Housing Activities	\$ _____	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ _____	
Supplies and Materials	\$ _____	
Mileage	\$ _____	
Audit	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/> _____		\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		\$ _____

**Any indirect costs charged must be consistent with the conditions of Paragraph VIII (c)(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Sub recipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Sub recipient.*

O. If funds requested are for building expansion, renovation or a new facility, please complete the following information:

Existing Liabilities Against the Property:	\$ _____
Appraised Value:	\$ _____
Property Insurance Agent: _____	
Amount of Insurance Coverage:	\$ _____
Project Cost Breakdown:	
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Cost Estimate Prepared By: _____	
Architect (if applicable): _____	

INFORMATION REGARDING YOUR ORGANIZATION

Narratives describing your organization (*Brief – 3-5 sentences*):

A. Mission of the organization: _____

B. History of the organization: _____

C. Agency/Organization Goals: _____

D. Number of clients served during the last twelve (12) months: _____

E. Number of clients served in Rapid City: _____ **Outside Rapid City:** _____

F. Maximum number of clients your agency can serve at any one point in time: _____

G. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons? Yes No

H. Does your agency require information on: Family size? Income?

You are required to document that the people/households served by programs using CDBG funds have incomes below 80% of the HUD median income for person/household size for direct benefit programs (i.e. housing assistance or public services). Income documentation should be collected for these activities, but it is not a requirement that third party verification be obtained. Income verification forms may be used to document income. *Check the method you will use to determine income:*

- Annual Income as defined under Section 8 Housing Assistance Payments Program (24 CFR 5.609); or
- Adjusted gross income as defined for purposes of reporting under IRS Form 1040 (long form) for Federal individual income tax purposes; or
- Annual income as defined for reporting under the Census long form for the most recent available decennial Census.

I. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries or other officially recognized boundaries:

J. Sustainability

Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.

K. Personnel Assigned to Scope of Work

Personnel Assigned to Scope of Work

Staff Member	Job Title	General Program Duties	Est. Time Allocation Per Week
Jane Doe	Counselor	Intakes, counseling	10 hours/wk

L. Additional documentation requested:

- Please attach:
- Financial Statements**
 - Agency Federal I.D. Number**
 - List of Board Members**
 - Articles of Incorporation and By-Laws**
 - Logic Model**

If accepted for funding, agency will be required to provide copies of policies and procedures regarding code of ethics, procurement, conflict of interest, and accounting principles that meet HUD guidelines per: OMB Circular A-102; Attachment O, 24 CFR Part 570; 24 CFR 84.21-28; OMB Circular A-122.

All construction and rehab projects will be required to adhere to Davis Bacon regulations, if applicable.

This application is submitted for your review by:

Signature of Agency Director

Signature of Board President

Date: _____

Date: _____

NOTES:

- 1) Grantees *do not* have to determine income eligibility for the following national objectives:
 - Area benefit,
 - Presumed limited clientele
 - abused children,
 - battered spouses,
 - elderly persons,
 - adults meeting the Bureau of the Census' Current Population Reports definition of "severely disabled,"
 - homeless persons,
 - illiterate adults,
 - persons living with AIDS, and
 - migrant farm workers;
 - slum/blight, or
 - urgent need.
- 2) The same income definition must be used for all clients, "pick one method and stick with it";
- 3) Methods to verify income
 - a) Obtain evidence that the household/person assisted qualified under another program having income qualification criteria at least as restrictive as this program (less than 80% of HUD median income)
 - b) Obtain evidence that the assisted person is homeless; or
 - c) Obtain a verifiable certification from the assisted person that his/her family income does not exceed the applicable income limit; or
 - d) Obtain a referral from a state, county or local employment agency or other entity that agrees to refer individual it determines to be LMI persons based on HUD's criteria and agrees to maintain documentation supporting these determinations.

APPLICATION DEADLINE

FY 2010 CDBG Annual Allocation Applications must be submitted to

***Community Development Division
300 Sixth Street, Rapid City, SD 57701
(605) 394-4181***

no later than 4:00 p.m.

Thursday, October 1, 2008