



**City of Rapid City, South Dakota
Community Development Block Grant (CDBG) Program**

2019 Program Year
(April 1, 2019 – March 31, 2020)

***Applications Due by 5 p.m.
October 1, 2018***

**Submit to:
City of Rapid City
CDBG Program Division
300 6th Street
Rapid City, SD 57701**

Program Overview

The CDBG program is funded by the U.S. Department of Housing and Urban Development (HUD) under Title 1 of the Housing and Community Development Act of 1974, as amended (P.L. 93-383). The City of Rapid City's entitlement allocation for the 2019 program year is anticipated to be \$_____.

HUD awards grants to entitlement communities for the purpose of community development activities intended to revitalize neighborhoods, facilitate economic development, and improve community facilities and services. The City of Rapid City Consolidated plan, which was developed with citizen participation and input, describes the programs and funding objectives established for the five-year period from 2018-2022. The City's Annual Action Plan is prepared each year to describe the implementation of the five-year Consolidated Plan.

Eligible projects must benefit low- and moderate-income persons and be consistent with the Rapid City 2018-2022 Consolidated Plan and Comprehensive Plan priority needs (see page 3).

Please contact the CDBG Program Division (605-394-4181) with questions about the grant or how to complete the application. Applicants may inquire about project eligibility prior to submittal.

Incomplete applications will not be included for consideration.

APPLICATION REVIEW CRITERIA

Eligible applicants must be 501(c) (3) non-profit organizations, government agencies, school districts, institutions of higher education or, under limited circumstances, for-profit businesses.

Applications will be reviewed by City staff to determine completeness and eligibility. While a well-written application is no guarantee of funding, applicants should make every effort to ensure that their applications are **complete and concise** and submitted with all requested documentation. **If documentation is missing, the application is considered incomplete and will not be considered.**

In addition to reviewing applications for completeness and project eligibility, the criteria listed below are used for evaluation:

- Ability to address a City high priority need
- Capacity and experience of the organization
- Leveraged resources
- Project readiness
- Prior CDBG performance and timeliness

APPLICATION REVIEW PROCESS

In order to ensure that the City of Rapid City maintains compliance with HUD regulations, specifically 24 CFR Part 570.200 and 570.505, the following process has been put into place:

1. Staff review for eligibility and completeness
2. Investment Committee review and recommendation
3. Council preliminary approval of funding allocations for the action plan (CDBG Annual Action Plan)
4. Notification to applicants of funding recommendations
5. Public comment period (30 days)
6. City Council review of public comments, modifications to plan, if any, and final approval
7. Annual Action Plan submittal to HUD by February 15, or 30 days after funding notification, whichever is later
8. HUD approval of Annual Action Plan (up to 45 days to review)
9. HUD executes contract with City of Rapid City
10. HUD release of funding
11. City executes contracts with funded agencies

Please contact the CDBG Program Division (605-394-4181) with questions about the grant, how to complete the application, or application process.

Funding will be focused on specific high priority goals of the City this year and in the future.

HOUSING PROJECTS

- Affordable Housing Projects
 - Single Resident Occupancy; Efficiencies, 1 and 2 bedroom Apartments; Large family units
 - Rents \$350 - \$500 range
 - Targeting 50% of Median Income or less
- Transitional apartments for emergency occupancy of homeless families, evicted household and households in substandard housing with “do not occupy” notices;
- Rehabilitation of existing housing;
- Build, rehab or lease a facility for transitional housing;
- Sobriety/Safe Haven housing for chronic substance abusers.

PUBLIC SERVICES

- Case Management Services
 - Support occupation and retention of housing
 - Homeless
 - Mentally Health
 - Substance Abuse Clients
- Housing First Program Assistance
 - Chronic Homeless
 - Reentry Clients
 - Veterans
- Early Childhood Education

PUBLIC FACILITIES & IMPROVEMENTS

- Renovations
 - Handicap accessibility
 - Energy efficiency
 - Improve safety

ECONOMIC DEVELOPMENT

- Job training or skill improvement programs
- Micro Enterprise Loan program
- Individual Deposit Account program

We will not fund activities that duplicate existing services.

WHAT TO EXPECT IF CDBG FUNDING IS AWARDED

The City Council will adopt award recommendations and submit the Annual Action Plan to HUD for review. HUD has up to 45 days to review and approve or disapprove the plan. During this time, staff will work with agencies to revise budget documents, if necessary, pursuant to award recommendations/approval, complete other official project reviews (environmental, conflict of interest, etc.), collect additional documentation (if applicable), and assist with Davis Bacon bidding requirements.

Following review and approval of the Annual Action Plan by both the City Council and HUD, City staff will prepare CDBG subrecipient agreements for the selected projects. Agreements will contain the terms and conditions of the CDBG funding. The subrecipient will be required to sign two original agreements and return them to the City. Agreements will then be executed by the City and a fully executed original will be returned to the agency. CDBG Subrecipient Agreements will cover a term of 12 months beginning April 1, 2019 and ending March 31, 2020, or later per HUD documentation retention and activity completion requirements. Funding amounts are subject to change based on Congressional budget approval and CDBG funding allocation to the City of Rapid City.

An environmental review must be completed prior to any commitments being executed or work beginning on a project. **If an environmental review is not accomplished prior to any funding commitment, the project may become ineligible for payment.** An environmental review takes approximately 15 days for Public Services and 45-60 days for Housing or Public Facility projects to complete.

If any part of the project may pose a potential conflict of interest, the subrecipient should contact the CDBG Program Division immediately to begin the conflict of interest waiver process for HUD approval. The conflict of interest process takes approximately 6-8 weeks to complete.

Davis Bacon regulations are required on all construction projects in excess of \$2,000 and an initial meeting must be scheduled for the subrecipient and CDBG Program Manager before bids are solicited. Construction includes building, alteration and/or repair, including painting and decorating or ground work, of public buildings, public works, or residential housing. Advertisements, bids, and contracts must include Davis Bacon language, Labor

Standards (HUD form 1040), and a current wage determination. A wage determination should be obtained from CDBG Program. *NOTE: If a project is delayed, a new wage determination may be required to be pulled and any wage increases would have to be incorporated in the project.* A meeting with the subrecipient, selected contractor(s), and CDBG Program Manager should be scheduled prior to the work start date.

Disbursement of CDBG Funds

CDBG funds are paid out on a *reimbursement* basis for actual costs expended directly related to the implementation of the approved project. Reimbursements will be made only for costs described in the approved budget outlined in the agreement, following submittal of payment requests and all supporting documentation in the format required by the City.

Subrecipients do have the opportunity to qualify for advance payments if within compliance with the requirements of the OMB Supercircular 2 CFR 200, Notice SD-2015-01 including:

- Written procedures on timely fund disbursement
- Financial management systems that meet the standards of fund control and accountability
- Ability to track and return interest earned on advances
- Low-risk grantee

Once the project is complete, the subrecipient is responsible for sending an invoice and all applicable supporting documentation to CDBG Program for payment. Missing documentation and/or reporting will delay payment. Payments must be approved by City Council and are subject to agenda deadlines (allow 2-5 weeks).

Reporting Requirements and Monitoring

CDBG subrecipients are required to submit a monthly progress report to CDBG Program detailing project activities and the timely expenditure of funds. CDBG Program may request additional documentation or reports from subrecipients as needed. Non-compliance may result in suspension or termination of the agreement and recovery of CDBG funds.

CDBG subrecipients are responsible for maintaining sufficient written records to confirm income and project eligibility and document project activities.

Reporting must be current before CDBG funds will be disbursed.

Indenture of Covenants or Mortgage Requirements

If CDBG funding is used for rehabilitation, renovation, or acquisition of property an Indenture of Covenants and/or Mortgage will be required to be filed against the property to recover funding if building ceases to be used for an eligible activity or to benefit low-to-moderate income people for the contract specified time frame.

Contractors

All projects that involve construction or rehabilitation/renovation work require the contractor/agency performing the work to have a DUNS number and Central Contractor Registration number in the SAMS government system and must not be debarred by HUD.

City of Rapid City

**Community Development Block Grant (CDBG) Program
FY 2019 Application for Funding**

General Information

Agency Name: _____

DUNS Number: _____

Federal I.D. Number: _____

Organization Tax Exempt Status: _____

Agency Address: _____

Mailing Address: _____

Street Address of Project:
(If different from above)

Contact Information

Agency Director: _____ Phone: _____ Fax Number: _____

Email: _____

Board President: _____ Email: _____

Person Charged with Reporting/Draw submittals: _____

Phone: _____ Email: _____

PROGRAM INFORMATION

A. Amount Requested *(round numbers only)*: \$ _____

Total Cost of Project: \$ _____ **CDBG % of Total Cost:** _____ %

Funds will be used for:

Public Services **Housing** **Public Facilities or Improvements** **Economic Development**

PROJECT/PROGRAM

B. This Public Service funding will:

fund an existing program at the same level

substantially increase an existing program

fund a new program

C. Provide detailed description of project *(1-2 Sentences)*:

D. Describe specifically what funds will be spent on:

Land acquisition for new construction project

Acquisition of existing structure

Acquisition of existing house for demolition

Acquisition of existing house for rehabilitation

Infrastructure

Rehabilitation

This project is consistent with the following Rapid City 2018-2022 Consolidated Plan and Comprehensive Plan priority need(s):

HOUSING

Acquisition of Property

- Bare land
- Existing structure

Infrastructure Type needed (i.e. water, sewer, drainage):

Rehabilitation for Low-to-Mod Income Households

- Owner Occupied Rehab
- Rental Property Rehab

Handicap Accessibility Modifications for Low-to-Mod Income Households

- Owner occupied housing
- Rental units

Rental Units – Subsidized Apartments for Households making less than 50% of the Area Median Income

- Single room occupancy or efficiency
- One bedroom apartments
- Two bedroom apartments 3 Bedrooms
- Elderly
- Other type or special needs (*explain*)

Homelessness & Special Needs Populations

- Homeless Individuals
 - Emergency Shelter
 - Youth
- Transitional Housing
 - Youth
 - Case Management
 - Life Skills Training

HOUSING (cont.)

Elderly and Special Needs Populations

- Nursing home units
- Assisted Living units

Homelessness & Special Needs Populations

- Families - No Children
 - 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 – for persons w/disabilities

Support services for outreach & referrals

NON-HOUSING COMMUNITY DEVELOPMENT

Economic Development

- Micro-enterprise loans for low-to-mod income
- Individual Deposit Accounts (Housing, Business, Job Training)
- Job Training programs for low income people
- Other _____

PUBLIC FACILITIES & IMPROVEMENTS

- Senior Centers
- Removal of Architectural Barriers

Acquisition of Property

- Bare land
- Existing structure

PUBLIC SERVICES

General

- Counseling for low income people
- People at risk
- Medication assistance program
- Individual Deposit Accounts (for Education)
- Mental Health Services
- Handicap Services
- Legal Services
- Senior Centers
- Senior Services
- Substance Abuse Services

Homeless Prevention/Housing First

- Housing Assistance w/ rents, mortgage payments, deposits, utilities
- Legal Services

Education

- Financial education
- Job Training/Skills Improvement
- Other _____

Transportation

- Passes
- Buses
- Transportation costs/expenses

Youth Programs

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

Youth Services

- Suicide prevention
- Youth Services

- Juvenile Delinquency
- Counseling services
- Counseling for incarcerated youth

- Health Education / Advocacy
- Mentoring programs

DEVELOPMENT

E. Project Readiness

For acquisition project:

- The property has already been identified
- We are working to secure a specific property(s)
- We have not yet identified a property(s)
- Additional funding, if needed, has already been secured

For acquisition of property for a new construction project:

- We already have architectural drawings and engineering plans
- We expect to have architectural drawings and/or engineering plans by _____
- We have already secured construction funding.
- Additional funding, if needed, has already been secured

For rehab projects:

- We expect to start work by _____
- We have already gotten bid/estimates for proposed work
- We have not gotten estimates yet
- Additional funding, if needed, has already been secured

For construction projects:

- We already have architectural drawings and engineering plans
- We expect to have architectural drawings and/or engineering plans by _____
- We have a property already purchased
- We have a property identified and expect to purchase it by _____
- We have not identified a property yet.
- Additional funding, if needed, has already been secured

If this project is not funded for the full amount requested:

- We have other funding on hand to proceed
- We will apply for other grant funds
- We will not be able to proceed
- We could proceed with a reduced scope of work
- Other: _____

The project can start within:

- 1-3 months of approval
- 4-6 months of approval
- 6-9 months of approval
- 9-12 months of approval
- 13+ months of approval

Have you been awarded CDBG funding in the past?

- Yes
- No

If yes, does your agency still have any CDBG funding remaining from previous years?

- Yes
- No

If yes, please explain why and detail how and when the funds will be completely spent:

Project Schedule (Please fill out your projected schedule as shown by example highlighted in yellow):

Month	Comments	Projected Draw Amount	Check Month Expected Last Draw
April	Counseling for X# people OR Sent out Request for Bids	\$700.00	<input type="checkbox"/> (Nov)
Total CDBG Funding Requested		\$	
April 2019		\$	<input type="checkbox"/>
May		\$	<input type="checkbox"/>
June		\$	<input type="checkbox"/>
July		\$	<input type="checkbox"/>
August		\$	<input type="checkbox"/>
September		\$	<input type="checkbox"/>
October		\$	<input type="checkbox"/>
November		\$	<input type="checkbox"/>
December		\$	<input type="checkbox"/>
January		\$	<input type="checkbox"/>
February		\$	<input type="checkbox"/>
March 2020		\$	<input type="checkbox"/>
Balance Remaining		\$	

The goal is for the balance of your allocated amount to equal \$0.00 at the end of the CDBG year (March 31).

If the total will not be \$0 at the end of the CDBG year, please provide an explanation and an anticipated date when funds will be completely expended:

F. Project Service Area (identify area to be served):

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

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

- Abused and/or neglected children Number of persons households _____
- Homeless persons Number of persons households _____
- Elderly persons Number of persons households _____
- Disabled persons Number of persons households _____
- Battered spouse Number of persons households _____
- Illiterate persons Number of persons households _____

Indicate estimated income levels and number of person/households you hope to help

- Very low income Number of persons households _____
(income below 30% of area median income)
- Low income Number of persons households _____
(income between 31% - 50% of area median income)
- Moderate income Number of persons households _____
(income between 51% - 80% of area median income)
- Above 80% of median income Number of persons households _____
- Other: _____ Number of persons households _____

Estimated Cost Per Person/Household Assisted: \$ _____

H. This project meets the following HUD National Objective(s) because it:

- Serves low income persons/households
- Serves a low income neighborhood/area
(specify street, Census Tract or area boundaries: _____)
- Serves a HUD presumed low income clientele (see list page 10)
- Creates jobs for low income individuals
- Eliminates blighted conditions

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Single resident occupancy units | # of rental units: | Amount per unit \$ |
| <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? |
| <input type="checkbox"/> Group home housing | # of rooms: | # beds: Amount per unit \$ |
| <input type="checkbox"/> Other | # | Amount per unit\$ |

Will the program beneficiaries or participants be limited to low-and-moderate income households?

- Yes No

If no, 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? _____

J. 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 this program year _____

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

If not, explain rental structure:

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

L. Briefly state why is this project needed in this community?

How will the proposed activity increase or maintain client's self-sufficiency? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Provision of decent, affordable housing | <input type="checkbox"/> Employment/job training |
| <input type="checkbox"/> Child Care Assistance | <input type="checkbox"/> Income Support |
| <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Health Care Assistance |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Mental Health Assistance |
| <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Eviction Prevention |
| <input type="checkbox"/> Job Search | <input type="checkbox"/> Housing Search |
| <input type="checkbox"/> Support services/case management (i.e. life skills, budgeting, parenting, etc.) | |
| <input type="checkbox"/> Education (e.g. G.E.D. preparation/classes, etc) | |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

M. 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): _____

N. How will progress toward meeting the activity's goal and objectives be measured?

_____ # of case management hours	_____ # of case management sessions
_____ # of clients receiving treatment	_____ # of beds per night
_____ # of clients with increased income	_____ # of persons housed
_____ # of courses taken and/or completed	_____ # of employed clients
_____ # of clients who remained in their homes	_____ # of days housing provided
_____ # of client contacts made	
_____ # childcare slots provided/# of families receiving childcare	
_____ # of completed job training activity(s)/certifications	
_____ # of clients transported/# of trips delivered or made	
_____ # of workshops presented/# of workshop participants	
_____ Other: _____	
_____ Other: _____	

O. Budget Breakdown for Program/Project (following page):

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. Please provide a breakdown for the total program/project budget. All fields must be completed. If no funding, enter \$0.00:

(A) Expense Category	(B) CDBG Requested Amount	(C) Agency's Funds	(D) Other Federal Funds	(E) State/Local Funds	(F) Foundation/ Other Public Funds	Total Project Budget (B+C+D+E+F=G)
<i>Estimated date funds will be available:</i>	July/Aug 2019					
Personnel Services						
Salaries	\$	\$	\$	\$	\$	\$
Fringe Benefits (Total)	\$	\$	\$	\$	\$	\$
Services						
Consultant/Purchased	\$	\$	\$	\$	\$	\$
Supplies						
Office Supplies	\$	\$	\$	\$	\$	\$
Postage	\$	\$	\$	\$	\$	\$
Program Supplies	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
Operating						
Telephone	\$	\$	\$	\$	\$	\$
Utilities	\$	\$	\$	\$	\$	\$
Rent/Lease	\$	\$	\$	\$	\$	\$
Printing	\$	\$	\$	\$	\$	\$
Liability Insurance	\$	\$	\$	\$	\$	\$
Mileage/Training	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
Land Acquisition						
Housing - Rehabilitation	\$	\$	\$	\$	\$	\$
Housing - Down Payment/Closing Cost Assistance	\$	\$	\$	\$	\$	\$
Construction	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$	\$	\$

P. How will the activity verify that clients served are low to moderate income?

(Check the appropriate population if the activity/project targets clients representing populations that are presumed low income. Otherwise, check the appropriate income verification method used in the activity/project. Grantees must maintain proof of income qualifying for non-presumed clientele using one of these methods.)

Presumed Lower-Income Populations

- Elderly Adults
- Severely Disabled Adults
- Abused Children
- Victims of Domestic Violence
- Illiterate Adults
- Homeless Persons
- Migrant Farm Workers
- People with HIV/AIDS

Income Verification Method *(all others):*

- Pay Stubs/Wage Statements
- W-2's
- Income Tax Returns
- Social Security Documentation (SSI/SSA)
- Bank Statements
- Support Checks Documentation
- Other: _____
- Other: _____

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.

INFORMATION REGARDING YOUR ORGANIZATION

- A. 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. However third party information must be available for an audit. Income verification forms may be used to document income.
- B. 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:** _____

Are at least 51% of the clients low income, and it can be verified? Yes No

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

- D. Personnel Assigned to Scope of Work** (*list all who will be involved*)

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

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

- E. Mission of the organization:**

- F. History of the organization:**

- G. Number of clients served during the last twelve (12) months:** _____
- H. Number of clients served in Rapid City:** _____ **Outside Rapid City:** _____
- I. Maximum number of clients your agency can serve at any one point in time:** _____
- J. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?** Yes No

K. Has the organization expended over \$750,000 in Federal Awards in the previous year?

Yes No

L. Did the organization have any findings on the previous year's audit? Yes No

If answered Yes to K. or L. please attach Audit, findings narrative, and resolution.

Please Note:

- All construction and rehab projects exceeding \$2,000 will be required to adhere to Davis Bacon regulations.
- Housing projects must promote Fair Housing for Section 3, Minority and Women Businesses through solicitation for bids, hiring and advertising.
- An environmental review must be accomplished before funds are expended.
 - All work began prior to a completed environmental review will be ineligible for CDBG reimbursement.

Additional documentation requested:

- Financial Statements
- List of Board Members
- Articles of Incorporation and By-Laws
- Logic Model
- Procurement Standards
- Fair Housing Policy (if housing related project)
- Code of Conduct Policy
- Affirmative Action / Non-discrimination Policy
- Conflict of Interest Policy
- Copy of Building Deed (if applicable)

This application is submitted for your review by:

Signature of Agency Director

Signature of Board President

Print
Name: _____

Print
Name: _____

Date: _____

Date: _____

NOTES:

- 1) Grantees *do not* have to determine income eligibility for the following national objectives:
 - a. Area benefit,
 - b. Presumed limited clientele
 - i. abused children,
 - ii. battered spouses,
 - iii. elderly persons,
 - iv. adults meeting the Bureau of the Census' Current Population Reports
 - v. definition of "severely disabled,"
 - vi. homeless persons,
 - vii. illiterate adults,
 - viii. persons living with AIDS, and
 - ix. migrant farm workers;
 - c. slum/blight, or
 - d. urgent need (emergency such as natural disaster).

- 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 2019 CDBG Annual Allocation Applications must be submitted to:

CDBG Program Division

By mail: 300 Sixth Street, Rapid City, SD 57701

In person:

333 Sixth Street – CDBG Program Office no later than 4:00 p.m. OR

300 Sixth Street – Finance Office no later than 5:00 p.m.

(605) 394-4181

on

Monday, October 1, 2018