



Rushern L. Baker, III  
County Executive



Prince George's County  
Department of Housing  
& COMMUNITY DEVELOPMENT  
Eric C. Brown, Director

# APPLICATION TO PROGRAM YEAR 44 CDBG APPLICATION

(July 1, 2017 – June 30, 2018)



**Opening Date: September 12, 2017**

**Closing Date: October 12, 2017 at  
5:00 p.m.**



*"Prince George's County Affirmatively Furthering Fair Housing"*



# Community Development Block Grant - Checklist

Date Submitted: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

## REQUIREMENTS

Please check to indicate the documents that are attached.

- |     |   |       |
|-----|---|-------|
| 1.  | Checklist   | _____ |
| 2.  | Project Readiness   | _____ |
| 3.  | Application Form pages 2-20   | _____ |
| 4.  | Conflict of Interest Statement  | _____ |
| 5.  | Organizational Chart  | _____ |
| 6.  | Agency's 501(c) (3) Certification   | _____ |
| 7.  | Certificate of Liability Insurance  | _____ |
| 8.  | List of Current Board of Directors  | _____ |
| 9.  | Board of Directors' Authorization to submit request   | _____ |
| 10. | Articles of Incorporation, Bylaws and related Amendments                                    | _____ |
| 11. | Financial Statement or most recent Audit  | _____ |
| 12. | Resume of Program Administrator/Manager   | _____ |
| 13. | Resume of Fiscal Officer  | _____ |
| 14. | Current Certificate of Good Standing from State of Maryland                                 | _____ |
| 15. | Support Letters   | _____ |
| 16. | Commitment Letters (Commitment for Funding)   | _____ |
| 17. | Three-hole punch, and binder clip one (1) original and two (2) copies of your total package | _____ |

**EXHIBITS:** *(Provide photos of site as evidence of site control, if for sale housing, market value/comps, if rental—a Summary of target tenant population if street improvement -- before photos)*

- |     |  |       |
|-----|--|-------|
| 18. | Exhibit 1A – Environmental Information Checklist (if applicable) | _____ |
| 19. | Exhibit 1B – Section 3 Form (Action Plan)                        | _____ |
| 20. | Exhibit 1C – Concrete Quantity Report (if applicable)            | _____ |
| 21. | Exhibit 1D – Business Participation Table (If Applicable)        | _____ |
| 22. | Exhibit 1E – Bituminous Concrete Quantity Report (if applicable) | _____ |

County agencies should only submit documents 1, 2, 3, 4, 15, 16, 18 and 19

## FOR DHCD/CPD STAFF USE ONLY

PROGRAM COMPONENT:	
<input type="checkbox"/> Housing Affordable <input type="checkbox"/> Public Services <input type="checkbox"/> Administration/Planning	<input type="checkbox"/> Public Facilities and Infrastructure Improvements <input type="checkbox"/> Economic Development

## Project Readiness Form

**To help you determine your agency's readiness to apply for CDBG funding, please answer the following questions:**

Questions	Yes	No	Unknown
1. Is this application on behalf of a municipality or local government agency.			
2. Is your agency certified by the Internal Revenue Service as a 501(c)(3) organization?			
3. If not certified as a 501(c)(3), has your organization filed a Form 1023 Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code?			
4. Has your organization registered with the Maryland Office of the Secretary of State, Charitable Organizations Division, as a charitable organization?			
5. Has your agency applied for funding from other Federal sources?			
6. Does your agency have a full-time Executive Director?			
7. Does your agency have full-time staff to administer programs?			
8. Does your agency have a written Procurement Policy?			
9. If so, is your Procurement Policy in compliance with OMB Circular No. A-110 or A-102?			
10. Does your organization have a written Drug-Free Workplace Policy?			
11. Does your agency have sufficient operating funds to begin the proposed project on July 1 <sup>st</sup> of next year, but can wait as long as six months later for your first reimbursement of project expenses?			
12. Does your organization have a board of directors?			
13. Will your agency be able to provide a Certificate of Liability Insurance naming Prince George's County as a Certificate Holder and an Additional Insured?			
14. Is this project an existing activity that has received CDBG funding in prior years?			
15. Is this project an expansion activity?			

If you answered "No" or "Unknown" to three or more questions, request technical assistance from the CPD staff member or Office of Risk Management (*if applicable*) assigned to the activity category that matches your proposed project. Contact CPD and/or the Office of Risk Management at least two weeks prior to the proposal submission deadline date. See instructions page

**Prince George's County Maryland  
Department of Housing and Community Development  
Community Development Block Grant  
Funding Application - Program Year 44**

**Project Overview**

A separate Funding Application should be submitted for each project or project activity for which funding is requested

Name of Submitting Organization/Municipality: (Required)	Federal Tax ID Number For Organization: (Required)	
DUNS Number For Organization: (Required)		
Address of Organization: (Required)		
Telephone Number: (Required)	2 <sup>nd</sup> Telephone Number:	
Fax Number:	Email Address:	
Project Title: (Required)		
HUD Matrix Code (Required):		
Amount of CDBG Funding Requested: (Required)		
County Councilmanic District of Agency: (Required)		
County Councilmanic District of Project: (Required)		
Agency Person Who Will Be Administering The Project, If Funded: (Name, Title, Address, Telephone Number and E-mail Address) (Required)		
Signature Of Executive Director, Chief Executive Officer Or Municipal Official Authorizing This Application: (Required)		
<b>(Signature)</b>	<b>Please Print or Type-Name and Title</b>	<b>(Date)</b>
For Office Use Only: <input type="checkbox"/> Logged / / <input type="checkbox"/> Reviewed: _____ Assigned: _____ <input type="checkbox"/> ID No. _____		

**Please Note: Nonprofit organizations applying for CDBG funds must provide a copy of their IRS 501(c)(3) Tax exemption letter.**

**Part I - Project Summary**

Name of Project to be funded:

Provide a brief summary description of the project. (100 words or less)

## PART II - Meeting a National Objective (*check one*)

Benefitting Low/Moderate Income Persons  
\_\_\_\_ L/M Income Limited Clientele  
\_\_\_\_ L/M Income Job  
\_\_\_\_ L/M Income Area Benefit  
\_\_\_\_ L/M Income Housing

Preventing or eliminating slums or blight (as defined by County Code page 6 of instructions is not being accepted at this time.

## PART III - Meeting the County's Goals and Objectives (*check one*)

### Availability/Accessibility of Decent Housing (DH 1)

**Goal 1:** To stabilize and increase housing opportunities for 5,540 (based on our 5-year Consolidated Plan) low and moderate-income households, homeless individuals and families, persons at risk of becoming homeless and non-homeless persons with special needs. Our annual goal is 969.

- DH 1.1 - Assist homeless persons to obtain permanent housing.
- DH 1.1 - Assist persons at risk of becoming homeless to obtain affordable housing.
- DH 1.1 - Assist persons with special needs to obtain affordable housing.
- DH 2.1 - Increase affordable housing options for low and moderate-income households.
- DH 3.1 - Retain the affordable housing stock.

### Availability/Accessibility of Suitable Living Environment (SL 1)

**Goal 2:** To improve the safety and livability of neighborhoods for principally 189,975 low and moderate-income persons. Our annual goal is 37,995.

- SL 1.1 - Improve or expand needed public services for low and moderate-income residents.
- SL 3.1 - Improve or expand public facilities and infrastructures in areas with high concentrations of low and moderate-income.

### Creating Economic Opportunities (EO 1)

**Goal 3:** To support employment opportunities for low and moderate-income persons, small businesses, and community revitalization activities by creating and/or retaining 230 jobs and assisting 660 small businesses. Our annual goal is to create or retain 46 jobs and assist 177 small businesses.

- EO 1.1 - Expand access to employment opportunities for low and moderate-income residents.
- EO 2.1 - Increase affordable options for new and existing businesses.
- EO 3.1 - Support community revitalization strategies that will stabilize and expand small businesses (including micro-businesses)

## PART IV - Program Objectives and Project Beneficiaries

### Affordable housing Project:

Number of individuals or households that will benefit from the project:
Street address of project:

### Public Service Project:

Number of individuals that will benefit from the project:
Street address of project:

### Economic Development Project:

Provide the number of jobs that will be created and/or retained: _____
Provide the number of businesses to be assisted: _____
Provide the street address for each location to be assisted with CDBG funds
Provide the census tract and block group numbers, if known:
Percentage of low and moderate income persons or households if known: _____%

**Note: See Exhibit 1-C for Façade Improvement Project**

### Public Facilities and Infrastructure Improvement Project:

Number of individuals or households that will benefit from the project:
Street address of project:
Provide the census tract and block group numbers, if known:

## PART V – Organization Experience and Capacity

*Priority will be given to activities that have a clear plan of action that is consistent with the budget and that demonstrate the applicant has the capacity to implement the proposed plan and is consistent with County goals.*

**Note: New groups are encouraged to enter into partnerships with more experienced groups and/or obtain qualified consultants to help implement the project.**

### **Organization Background:**

1. List the date your organization was incorporated: \_\_\_\_\_
2. Number of current paid staff in your organization: Full-time: \_\_\_ Part-time: \_\_\_\_\_
3. Number of paid staff currently with your organization who will work on the project: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
4. Number of new staff that will be hired to work on the project, if funded:  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
5. Provide a brief narrative on the types of activities undertaken by the organization, and, if appropriate, the success in carrying out the activity for which funding is requested.
6. Will a consultant(s) or contract staff be hired to help implement the project?  
No  Yes   
If “yes” please explain the services the consultant or contract staff will offer and identify the sources of funds.  
Please describe your process for selecting your Consultant.

**Note: Consultant agreements are subject to the approval of the Department of Housing and Community Development.**

***PART V – Organization Experience and Capacity (continued)***

7. Describe your organization's fiscal management disbursement methods, financial reporting, recordkeeping and accounting procedures.
  
  
  
  
  
  
  
  
  
  
8. Indicate whether the organization has adequate insurance. Insurance coverage for General Liability, Automobile Liability, Workman's Compensation and Fire Insurance is required.
  
  
  
  
  
  
  
  
  
  
9. Describe plans to use other funds on the program. In this section only describe funds that are secured. Provide the source of funds amounts, period covered and how these funds will be used. Intent to apply for matching funds does not constitute a match. Attach commitment letters from other funding sources.
  
  
  
  
  
  
  
  
  
  
10. Describe plans to seek new funding to supplement CDBG funding.

**PART V – Organization Experience and Capacity (continued)**

**Funding History Information**

Use this section to provide an account of the revenue of your organization for the past three years and a current year projected budget.

Funding Cycle	2016	2017	2018	Projected 2019
<b>Revenue</b>				
City				
County				
State				
Federal				
Fees Charged				
Fundraising				
Donations				
In-Kind				
Other				
<b>Total Revenue</b>				

## PART VI – Organization Collaboration (Priority Points)

*Priority will be given to activities that are integrated with other community service projects and provided in collaboration with other service providers.*

1. Are there plans to enter into a partnership with any other organization(s) to undertake this project? Yes  No

If “yes,” please list the organization (s) and their contribution(s).

If “no,” explain why not.

2. Is this proposed project coordinated with or a part of any ongoing housing or community development program(s) or activity(s)? Yes  No

If “yes,” explain how.

3. Will the services of the project be coordinated with other services in the community?

Yes  No

If “yes” explain how.

4. Does the project need Federal funds after FY 2019? Yes  No

If so, how much? \$ \_\_\_\_\_ For how long? \_\_\_\_\_

Why is continued funding needed?

**Part VI continued ... Transforming Neighborhood Initiative (TNI)**  
**(Priority Points)**

*Priority will be given to activities that are providing services in one or more of the TNI areas that include: East Riverdale/Bladensburg, Hillcrest Heights/Marlow Heights, Langley Park, Glassmanor/Oxon Hill, Kentland/Palmer Park and/or Suitland/Coral Hills., Silver Hill, Forestville, Woodland/West Lanham Hills.*

1. Is your project being carried out in one or more of the TNI areas?

Yes

No

If "yes," please give a summary of which areas and how you plan to implement the project.

## **PART VII – Outcome and Performance Measures**

Describe the services or activities to be completed and estimate the number of persons to be assisted. Persons to be assisted should be described in terms of age, gender, ethnicity and income level. Activities may include construction or rehabilitation work, direct client services, or administrative functions carried out by an agency.

How will you determine that you have met the national objective of 51% low and moderate income population?

## PART VIII - FY 2019 CDBG BUDGET (Use this form ONLY)

**INSTRUCTIONS:** The following budget information is only for the **project** which your organization is requesting funds. You should not include your organization's total operating budget.

**In Column A:** List the titles of all positions to be funded in whole or in part with CDBG funds.

**In Column B:** For each employee shown in column A, list the total hours per week to be spent on the CDBG project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

**In Column C:** Show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), either use different lines for each staff person, or use the highest rate for the position title.

**In Column D:** Show the total CDBG budget for this line item (hourly rate times the number of CDBG hours).

**In Column E:** Show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the organization.

**In Column F:** Provide the name(s) of other sources of funding associated with "other funds listed in Column E.

Under the **FRINGE BENEFITS** section, show the percent to be applied for each line item under column C. Multiply this percentage by the total salaries for each fringe item.

The **TOTAL SALARIES & BENEFITS** line should be the subtotal of all costs shown in Parts I, II and III. This figure will be included in the **GRAND TOTAL** under Part IV.

**NOTE:** Not all line items may apply; only fill in costs for those that apply.

**[THIS SECTION INTENTIONALLY LEFT BLANK]**

**PART VIII -continued FY 2019 CDBG BUDGET (Use this form ONLY)**

A	B	C	D	E	F
<b>I. PERSONNEL COSTS</b>					
SALARIES (List all positions to be assigned to this project)	CDBG HRS./ TOTAL HRS. PER WEEK	HOURLY RATE	TOTAL CDBG	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
	/	\$	\$	\$	
<b>TOTAL SALARIES</b>			\$	\$	

II. FRINGE BENEFITS	PERCENT	TOTAL CDBG	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
FICA	%	\$	\$	
Retirement	%	\$	\$	
Insurance	%	\$	\$	
Workman's Compensation	%	\$	\$	
State Unemployment Insurance	%	\$	\$	
Other (Specify)	%	\$	\$	
<b>TOTAL FRINGE BENEFITS</b>	%	\$	\$	
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$	\$	

III. CONSULTANTS (If any)	TOPIC	HOURLY RATE	TOTAL CDBG	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
<b>TOTAL CONSULTANTS</b>			\$	\$	

**PART VIII -continued FY 2019 CDBG BUDGET (Use this form ONLY)**

**Revised**

IV. PRE-DEVELOPMENT	TOTAL CDBG	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
Architect	\$	\$	
Survey	\$	\$	
Civil Engineering	\$	\$	
Appraisal	\$	\$	
Market Study	\$	\$	
Environmental Report	\$	\$	
<b>TOTAL PRE-DEVELOPMENT</b>			

V. DEVELOPMENT/CONSTRUCTION OR REHABILITATION	TOTAL CDBG	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
Land Acquisition	\$	\$	
Construction Costs			
General Requirements			
Builders Profit and General Overhead			
Other			
<b>TOTAL DEVELOPMENT/CONSTRUCTION OR REHABILITATION</b>	\$	\$	

VI. INFRASTRUCTURE IMPROVEMENTS (If applicable)	TOTAL CDBG	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
Planning/Engineering	\$	\$	
Improvements:	\$	\$	
Milling, Paving, Curbs, Gutters, Driveway Aprons	\$	\$	
Lighting	\$	\$	
Other	\$	\$	
<b>TOTAL INFRASTRUCTURE IMPROVEMENTS</b>	\$	\$	

**PART VIII – (continued) FY 2019 CDBG BUDGET (Use this form ONLY)**

**Revised**

VIII. OPERATING EXPENSES	TOTAL CDBG	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
Office Rent	\$	\$	
Audit & Accounting	\$	\$	
Books & Publications	\$	\$	
Conference & Training	\$	\$	
Insurance	\$	\$	
Legal	\$	\$	
Local Mileage	\$	\$	
Office Supplies/Materials	\$	\$	
Postage	\$	\$	
Printing	\$	\$	
Telephone	\$	\$	
Insurance	\$	\$	
Utilities (List Separately)	\$	\$	
	\$	\$	
	\$	\$	
Other (Specify)	\$	\$	
	\$	\$	
<b>TOTAL OPERATING COSTS</b>	\$	\$	
<b>GRAND TOTAL</b>	\$	\$	

1. Funding recipients must meet federal audit requirements as outlined in OMB Circular A-133. Federal funds may be used to help pay for such an audit. (For a copy of A-133, contact your accountant or access it here: [http://www.whitehouse.gov/omb/circulars\\_default/](http://www.whitehouse.gov/omb/circulars_default/))
2. The purchase of equipment, fixtures, motor vehicles, furnishings, or other personal property not an integral structural fixture is generally ineligible. (OMB Omni Circulars – 2CFR Part 215, 220, 225 and 230)

**IMPORTANT NOTICE FOR APPLICANTS**

*Every year, the demand for CDBG funds exceeds the amount of money available. Prince George's County is therefore committed to funding projects that are ready to proceed immediately after funds are available and those prepared to spend the approved funds within a twelve month period. Unspent funds remaining at the end of the subgrantee agreement term may be recaptured. Plan your projects accordingly.*

*Please be aware that even if your project is approved, it may be recommended at a smaller level of funding than was requested. Please develop contingency plans for smaller CDBG awards.*

*Finally, these funds, if awarded, are NOT an ongoing source of operating support. Even if you receive funding in year one, there is no guarantee that approved projects will receive funding in subsequent years.*

## PART IX - Supplemental Budget

1. List any prior CDBG funds received.

	Funded Amount	Unexpended Amount	Explain Unexpended Amount
PY 39			
PY 40			
PY 41			
PY 43			
PY 43			
<b>Totals</b>			

2. **VERY IMPORTANT:** Explain, in detail, how you will continue this project if CDBG funds are no longer available. ***(Even if this is a first year request, please provide a financial plan of action to be undertaken once CDBG funds are no longer available).***

**PART X - Activity Schedule**

Provide Projected Implementation and Drawdown Schedules. Show expenditures of CDBG Funds only. Do Not Show expenditures from other sources.

	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
<b>Funds Expended</b>												
<b>List of Tasks</b>												
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												

**Part X- (continued ) Activity Schedule II**

**(Complete this page for construction projects that may extend to 18 months)**

	Fifth Quarter			Sixth Quarter		
	July	Aug	Sept	Oct	Nov	Dec
<b>Funds Expended</b>						
<b>List of Tasks</b>						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

# CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State and Local law prohibits employees and public officials of the Prince George's County Government from participating on behalf of the County in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. - The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would create conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a County employee or consultant, or a member of the County Council?

Yes  No

If yes, please list the names(s) below:

\_\_\_\_\_  
\_\_\_\_\_

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application a County employee, consultant, or a member of the County Council?

Yes  No

If yes, please list the name(s) below:

\_\_\_\_\_  
\_\_\_\_\_

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a County employee, consultant, or a member of the County Council?

Yes  No

If yes, please list the name(s) below:

\_\_\_\_\_  
\_\_\_\_\_

If you have answered "YES" to any of the above, a disclosure notice must be submitted to the DHCD Office to determine whether a real or apparent conflict of interest exists.

continued ...

## CONFLICT OF INTEREST QUESTIONNAIRE

This shall include the member's business or other affiliations, family and/or significant other, employer, or close associates who may stand to receive a financial benefit or gain. Further, members, officers and/or executive directors of sub-recipients may not enter into contracts with companies they are affiliated with through employment of, or ownership by, themselves or their relatives. Each individual shall disclose to the Prince George's County Department of Housing and Community Development (DHCD) Planning and Community Development Division\* the existence or potential existence of a conflict or interest, such as an overlap in public duties and private interest, affiliations that may create a future conflict, as well as all personal interest which he or she may have in any matter pending before the organization.

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No member of the \_\_\_\_\_ Board of Directors or Officers shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with \_\_\_\_\_. This shall also include the member's business or other nonprofit affiliations, family and/or significant other, employer, or close associates who may stand to receive a benefit or gain. Each individual shall disclose to the Department of Housing and Community Development (DHCD) Planning and Community Development Division (reviewing agency the County's Office of Law) and any personal interests which he or she may have in any matter pending before the organization or affiliation.

Name of Organization: \_\_\_\_\_  
Name of Applicant's Authorized Official: \_\_\_\_\_  
Authorized Official's Title: \_\_\_\_\_  
Signature of Authorized Official: \_\_\_\_\_

\* Reviewing Agency is the Prince George's County Office of Law.

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**CDBG PY-44  
Return Receipt Form**

<b>Name of Submitting Organization:</b>
<b>Name:</b>
<b>Name of Project:</b>
<b>Street:</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>

**Time Stamp:**

## Community Development Block Grant (CDBG)

### ***Program Year 44***

(July 1, 2018 – June 30, 2019)

## **Exhibits**

**EXHIBITS:** *(Provide information concerning plans to provide opportunities to Section 3 persons or businesses, if construction provide photos of site as evidence of site control, if for sale housing, market value/comps, if rental—a Summary of target tenant population; If street improvement – before streetscape photos)*

- Exhibit 1-A Environmental Information Checklist**
- Exhibit 1-B Section 3 Action Plan Form**
- Exhibit 1-C Concrete Quantity Report**
- Exhibit 1-D Business Participation Table**
- Exhibit 1-E Bituminous Concrete Quantity Report**

## Exhibit 1-A

### Environmental Information Checklist

Attached this form and the documentation listed below to your PY44 CDBG application

#### Project Information:

Project Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Email Contact for Environmental and Design Matters: \_\_\_\_\_

Estimated Cost of this Activity: \_\_\_\_\_ Estimated Federal Amount: \_\_\_\_\_

#### Site Information:

Address of Activity: \_\_\_\_\_

List each building on the property and its use:

\_\_\_\_\_

The HVAC system (if any) is: \_\_\_ Electric \_\_\_ Natural Gas \_\_\_ Oil

Location of any aboveground or underground storage tanks and their size and material if known:

\_\_\_\_\_

Describe the use of the adjacent property to the:

North \_\_\_\_\_ South \_\_\_\_\_

East \_\_\_\_\_ West \_\_\_\_\_

#### Attachments Necessary for all Projects:

\_\_\_ Architectural plans or the most up-to-date written description of the proposed activity

\_\_\_ HUD "Site-Specific Field Contamination Checklist"

\_\_\_ Photographs of the project site in general and any specific features that will be affected by the project - including interior and exterior views of any buildings or structures; HVAC equipment (furnace, boiler, etc.); any aboveground storage tanks; any outside pipes or vents that may be associated with underground storage tanks; electrical transformers; woods or wetlands; drums or liquid storage containers; trash piles; and photos toward adjacent properties in all directions

#### Additional Attachments that may be Necessary:

\_\_\_ If building was built before 1978 (or building age is unknown) and is or may be "child-occupied" (regularly used by children under 6) attach lead inspection report or MDE lead-free certification

\_\_\_ If project involves a public building or more than 4 residential units and will disturb pre-1980 materials (or materials of unknown age) that may contain friable asbestos, attach an asbestos inspection report

\_\_\_ If project involves the demolition or installation of concrete or asphalt, attach Concrete / Bituminous Concrete Quantity Report

\_\_\_ If project is within the 100-year floodplain (FEMA Zone A or Zone V), attach proof of flood insurance

\_\_\_ If project includes new construction of a public building or new construction of five or more residential units, attach an Environmental Site Assessment. (An updated ESA may also be required at the time the Environmental Review is completed.)

Revised for CDBG PY44 9/5/2017

**SITE-SPECIFIC FIELD CONTAMINATION CHECKLIST**

Completing the form requires a site visit by the preparer. The preparer should be sure to observe the property by walking through the property and the building(s) and other structures on the property to the extent possible and observing all adjoining\* properties.

**PREPARER MUST COMPLETE CHECKLIST IN ITS ENTIRETY**

Date of Visit: \_\_\_\_\_ Time: \_\_\_\_\_ Weather Conditions: \_\_\_\_\_

Program Name: \_\_\_\_\_

Project Location/Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Attach the following, as appropriate:  
 Photographs of site and surrounding areas     Maps (street, topographic, aerial, site map, etc.)

QUESTION  Is there evidence of any of the following?	OBSERVATION			
	SUBJECT PROPERTY		ADJOINING PROPERTIES	
Is the property or any adjoining property currently used, or has evidence of prior use, as a <i>gasoline station, motor vehicle repair facility, printing facility, dry cleaners, photo developing laboratory, junkyard, or as a waste treatment, storage, disposal, processing or recycling facility?</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Are there any damaged or discarded <i>automobile(s), automotive or industrial batteries, pesticides, paints, or other chemicals</i> in individual containers greater than 5 gal in volume or 50 gal in the aggregate, stored on or used at the property or adjoining properties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Are there any industrial <i>drums</i> (typically 55 gal) or sacks of <i>chemicals, herbicides or pesticides</i> located on the property or adjoining properties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Has <i>fill dirt</i> been brought onto the property or adjoining properties that originated from a suspicious site or that is of an unknown origin?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Are there any <i>pits, ponds, or lagoons</i> located on the property or adjoining properties in connection with waste treatment or waste disposal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Is there any <i>stained soil, distressed vegetation and/or discolored water</i> on the property or adjoining properties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>
Are there any <i>storage tanks</i> , aboveground or underground (other than residential), located on the property or adjoining properties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>	UNKNOWN <input type="checkbox"/>

\*Adjoining properties: Any real property or properties the border of which is contiguous or partially contiguous with that of the property, or that would be contiguous or partially contiguous with that of the property but for a street, road, or other public thoroughfare separating them.

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QUESTION	SUBJECT PROPERTY	ADJOINING PROPERTIES
<b>Is there evidence of any of the following?</b>		
Are there any <i>vent pipes, fill pipes, or underground tank access ways</i> visible on the property or adjoining properties?	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
Are any flooring, drains, walls, ceilings, or grounds on the property or adjoining properties <i>stained by substances</i> (other than water) or emitting <i>noxious or foul odors or odors of a chemical nature</i> ?	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
Is the property served by a <i>private well or non-public water system</i> ? (If yes, a follow-up investigation is required to determine if contaminants have been identified in the well or system that exceed guidelines applicable to the water system, or if the well has been designated contaminated by any government environmental/health agency.)	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
Has the owner or occupant of the property been informed of the existence of past or current <i>hazardous substances or petroleum products or environmental violations</i> with respect to the property or adjoining properties?	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
Do the property or adjoining properties <i>discharge wastewater</i> (not including sanitary waste or storm water) onto the property or adjoining properties and/or into a storm water system?	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
Is there a <i>transformer, capacitor, or any hydraulic equipment</i> on the property or adjoining properties that are not marked as "non-PCB"?	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
If answering "YES" or UNKNOWN" to any above items, describe the conditions:		
Use photographs and maps to mark and identify conditions. Attach more information as needed.		
Is further evaluation warranted? YES <input type="checkbox"/> NO <input type="checkbox"/> UNCERTAIN <input type="checkbox"/>		
<b>Preparer of this form must complete the following required information.</b>		
This inspection was completed by: Name:  Title:	Phone Number:	
	Email:	
	Agency:	
Address:		
Preparer represents that to the best of his/her knowledge the above statements and facts are true and correct and to the best of his/her actual knowledge no material facts have been suppressed, omitted or misstated.		
Signature:	Date:	

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## Exhibit 1-B

Exhibit Page 1

### SECTION 3 FORM

#### Department of Housing and Community Development Section 3 Action Plan for Sub-recipients, Contractors and Subcontractors

The Section 2 Action Plan identifies the goals, objectives, and actions that will be implemented to ensure compliance with the requirements of Section 3. Provide detailed information on the following items below which describes how you will achieve your Section 3 goals.

1. With how many Section 3 businesses does your company anticipate working? What strategies will your company use for contracting with Section 3 business concerns? (Specify the efforts to be taken, and dates, etc.)

2. How many Section 3 new hires does your company anticipate making? What strategies will your company use for reaching out to and hiring Section 3 residents? (Specify the efforts to be taken and dates, how effective have these strategies been in the past?)

3. What efforts will your company use to conduct aggressive outreach and notification to Potential Section 3 residents and businesses of contracting and employment opportunities? (How effective have these strategies been in the past?)

Exhibit Page 2

Please note: company includes: nonprofit organizations, municipal governments and subcontractors awarded federal funds.

# Exhibit 1-C

## Concrete Quantity Report

Contract No. \_\_\_\_\_

Date: \_\_\_\_\_

Priority Number	Road	From	To	NC	C&G LF	SW SF	HR SF	DW SY	Unit Cost	Cost	Cumulative Cost

Legend: NC - New Construction      HR - Handicapped Ramp      LF - Linear Feet  
 C&G - Curb and Gutter      DW - Driveway Apron      SF - Square Feet  
 SW - Sidewalk      SY - Square Yards

Page \_\_\_\_\_ of \_\_\_\_\_

## Exhibit 1-D

### Business Participation Table

Prepared by: \_\_\_\_\_

Business Name	Address	Business Owner	Duns Number	Participating in Façade Program	Agreement Signed and Attached	Amount of CDBG Assistance	Amount of Private Investment
1)							
2)							
3)							
4)							
5)							

**Note: If you are applying for Façade Improvement using CDBG Funds, you must have the support of businesses. In the table, please provide a list of Businesses who will participate if you are awarded funds and copies of the agreement(s) between applicant and business owners. You must provide photos of site as evidence of site control.**

**Exhibit 1-E**

**Bituminous Concrete Quantity Report**

**Contract No.** \_\_\_\_\_

**Date** \_\_\_\_\_

SEE ATTACHED COST ESTIMATE

Priority Number	Road	From	To	Linear Ft.	Width Ft.	Square Yards	Depth Factor	Tons	Unit Cost	Cost	Cumulative Cost

\*Factor: 1 1/2" Depth - 0.0833  
2" Depth - 0.1111