



Angela D. Alsobrooks  
County Executive

# APPLICATION PROGRAM YEAR 47 CDBG APPLICATION (July 1, 2021 – June 30, 2022)



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



Prince George's County  
Department of Housing  
& COMMUNITY DEVELOPMENT

Estella Alexander, Director

Opening  
Date:

October 22,  
2020

Closing  
Date:

November  
23, 2020 at  
5:00 p.m.



Cover Designed by:

Jasmine Wilson  
SYEP Intern 2019

# 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 4-22 (typed)  | _____ |
| 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. | Resumes of Staff to carry-out activity   | _____ |
| 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 (Economic Development Only) | _____ |
| 22. | Exhibit 1E – Bituminous Concrete Quantity Report (if applicable)      | _____ |

**County agencies should only submit documents 1, 2, 3, 4, 15, 16 thru 22.**

## FOR DHCD/CPD STAFF USE ONLY

**PROGRAM COMPONENT:**

- |   |   |
|---|---|
| <input type="checkbox"/> Housing Affordable<br><input type="checkbox"/> Public Services<br><input type="checkbox"/> Administration/Planning | <input type="checkbox"/> Public Facilities and Infrastructure Improvements<br><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 non-profit organization?			
5. Has your organization operated for more than three (3) years?			
6. Has your agency applied for funding from other Federal sources?			
7. Does your agency have a full-time Executive Director?			
8. Does your agency have full-time staff to administer programs?			
9. Does your agency have a written Procurement Policy?			
10. If so, is your Procurement Policy in compliance with OMB Uniform Guidance Part 215.40?			
11. Does your organization have a written Drug-Free Workplace Policy?			
12. 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?			
13. Does your organization have a Board of Directors?			
14. 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?			
15. If this is a public facilities project, does the applicant hold title to the property?			
16. Is this project an expansion activity?			
17. Is this project an existing activity that has received CDBG funding in prior years?			

If you answered "No" or "Unknown" to three or more questions, request technical assistance from the Community Planning and Development (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 (PY) 47**

**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*)

**Goal 1:** To stabilize and improve rental properties for 105 (based on our 5-year Consolidated Plan) low- and moderate-income households. Our annual goal is 21.

- Diverse, affordable rental and homeownership opportunities
- Quality/condition of housing
- Loss of existing affordable housing opportunities

**Goal 2:** To increase supply of accessible and affordable homes for 200 (based on our 5-year Consolidated Plan) low and moderate-income households. Our annual goal is 40.

- Accessible homes and facilities
- Diverse, affordable rental and homeownership opportunities

**Goal 3:** To prevent displacement of long-time residents by assisting 200 (based on our 5-year Consolidated Plan) low and moderate-income rental units and 110 households. Our annual goal is to assist 40 rehabilitated rental units and 22 households.

- Accessible homes and facilities
- Diverse, affordable rental and homeownership opportunities
- Quality/condition of housing
- Housing instability among residents experiencing a housing crisis
- Loss of existing affordable housing opportunities

**Goal 4:** To support independent living for seniors and persons living with disabilities for 300 (based on our 5-year Consolidated Plan) low- and moderate-income households. Our annual goal is 60.

- Connections between residents and businesses to services
- Accessible homes and facilities
- Diverse, affordable rental and homeownership opportunities

**Goal 5:** Prevent homelessness 885 (based on our 5-year Consolidated Plan) low and moderate-income persons. Our annual goal is 177.

- Housing instability among residents experiencing a housing crisis

**Goal 6:** To increase access to job training and economic development assistance for low- and moderate-income persons, small businesses, and community revitalization activities by creating and/or retaining 45 jobs and assisting 20 small businesses. Our annual goal is to create or retain 9 jobs and assist 4 small businesses.

- Connections between residents and businesses to services

**Goal 7:** To improve quality of life/livability for 114,000 (based on our 5-year Consolidated Plan) low- and moderate-income persons. Our annual goal is 22,800.

- Connections between residents and businesses to services
- Quality/condition of housing

**Goal 8:** To support high quality public infrastructure improvements for 114,000 (based on our 5-year Consolidated Plan) low and moderate-income persons. Our annual goal is 22,800.

- Connections between residents and businesses to services

## 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 organizations 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, provide copies of resumes: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
  
3. Number of new staff that will be hired to work on the project, if funded, provide copies of job descriptions:  
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)***

### **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.

<b>Funding Cycle</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Projected 2022</b>
<b>Revenue</b>				
<b>City</b>				
<b>County</b>				
<b>State</b>				
<b>Federal</b>				
<b>Fees Charged</b>				
<b>Fundraising</b>				
<b>Donations</b>				
<b>In-Kind</b>				
<b>Other</b>				
<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 2021? Yes  No

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

Why is continued funding needed?

## 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 measure the outcome of the proposed project to ensure that at least 51% of the population benefiting, fall within the low to moderate income guidelines?

## PART VIII - FY 2021 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 2021 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
Retirement Contributions	%	\$	\$	
Health Insurance Premiums	%	\$	\$	
Life Insurance	%	\$	\$	
Vacation & Sick Leave	%	\$	\$	
<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
Environmental Testing		\$	\$	\$	
Environmental Review		\$	\$	\$	
Other:		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
<b>TOTAL CONSULTANTS</b>			\$	\$	

**PART VIII -continued FY 2021 CDBG BUDGET (Use this form ONLY)**

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

V. DEVELOPMENT/CONSTRUCTION OR REHABILITATION	TOTAL CDBG	OTHER FUNDS	NAME SOURCE OF OTHER FUNDS
Land Acquisition	\$	\$	
Construction Costs			
Other (must specify)			
<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 (must specify)	\$	\$	
	\$	\$	
<b>TOTAL INFRASTRUCTURE IMPROVEMENTS</b>	\$	\$	

**PART VIII – (continued) FY 2021 CDBG BUDGET (Use this form ONLY)**

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

1. **Do not add additional lines**, points for the budget may be decreased, Please refer to the CDBG Instructions.
2. Funding recipients must meet federal audit requirements as outlined in OMB Omni Circular 2CFR 200. Federal funds may be used to help pay for such an audit.  
[http://www.whitehouse.gov/omb/circulars\\_default/](http://www.whitehouse.gov/omb/circulars_default/)
3. 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 lower level of funding than requested. Please develop contingency plans for smaller CDBG awards.*

*Finally, these funds, if awarded, are NOT an ongoing source of operating support. Even if your organization receives 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 43			
PY 44			
PY 45			
PY 45R			
PY 46			
Totals			

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- (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 five years of the date of this application a County employee or consultant, or a member of the Prince George's 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 five years of the date of this application a County employee, consultant, or a member of the Prince George's 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 Prince George's County employee, consultant, or a member of the Prince George's 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) Housing 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. Former County employees, must provide a letter from the Office of Ethics & Accountability at <https://www.princegeorgescountymd.gov/1028/Ethics-Accountability>.

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.**

# Community Development Block Grant (CDBG)

## *Program Year 47*

(July 1, 2021 – June 30, 2022)

## Exhibits

**EXHIBITS:** *(Provide information concerning plans to provide opportunities for 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

To request an environmental review, email the following information to [LLLuchsinger@co.pg.md.us](mailto:LLLuchsinger@co.pg.md.us) with a cc to [AOGeorge@co.pg.md.us](mailto:AOGeorge@co.pg.md.us) and [LGKruelle@co.pg.md.us](mailto:LGKruelle@co.pg.md.us), *as soon as it is available*

**NOTICE: The environmental review must be completed and approved prior to implementation of the project, and if a Release of Funds is required it must have been issued by HUD. Committing funds from any source prior to receipt of environmental clearance is a violation of Federal regulations at 24 CFR 58.22 and will result in the subrecipient having to repay all Federal funds received for this project and/or cancellation of the project. New funding for a previously-funded site requires a new environmental review. If the scope of work is revised, the Senior Environmental Review Officer, the Senior Compliance Manager, the Contract Administrator, and the Portfolio Manager must be notified before implementing changes.**

I acknowledge that I have read and understand the statements above.

Signed: \_\_\_\_\_

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

Typed/Printed Name and

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

### Project Information:

Project Name:

\_\_\_\_\_

Grant Recipient / Subrecipient:

\_\_\_\_\_

Funding Source: CDBG \_\_\_\_\_ HOME \_\_\_\_\_ CoC (Specify Program Name) \_\_\_\_\_ Other

\_\_\_\_\_

Program or Fiscal Year: \_\_\_\_\_ Estimated HUD Funding for this Project: \_\_\_\_\_ Estimated Total Cost for this Project: \_\_\_\_\_

Estimated HUD Funding this Activity for the Program Year: \_\_\_\_\_ Estimated Total Cost this Activity for the Program Year: \_\_\_\_\_

### Site Information:

Project Site Address/Location:

\_\_\_\_\_

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

Is the property serviced by public water and sewer?: \_\_\_yes / \_\_\_no

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

\_\_\_\_\_

Describe the use of adjacent properties:

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

East: \_\_\_\_\_

West: \_\_\_\_\_

**Attachments Necessary for all Leasing, Acquisition, Construction, Demolition, and Rehabilitation Projects:**

\_\_\_\_\_ Architectural plans or the most up-to-date written description of the full scope of the proposed activity (incl. activities using other funding)

\_\_\_\_\_ 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; fuel storage tanks; pipes or vents that may be associated with underground storage; electrical transformers; woods or wetlands; drums or liquid storage containers; trash piles; and views of adjacent properties in all directions

**Additional Attachments that may be Necessary:**

\_\_\_\_\_ If project involves rehabilitation or leasing of a residential property built before 1978 or of a public building that is or may be child-occupied, and the structure was built before 1978, provide lead-free certification or current (less than one year old) lead hazard risk assessment.

\_\_\_\_\_ 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 construction of multi-family or public building(s), provide information about any boilers, emergency generators over 500 brake horse power, or other equipment that may require air quality permitting by the Maryland Department of the Environment.

\_\_\_\_\_ 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 a current (less than 180 days old) Phase I Environmental Site Assessment and any available older ESAs.

\_\_\_\_\_ If project involves new construction, attach all other available technical studies, including geotechnical reports, noise studies, cultural resource surveys, Phase II ESAs, etc.

Revised 10/13/2020

## 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 ENTIRITY

Date of Visit:	Time:	Weather Conditions:	
Program Name:			
Project Location/Address:			
Property Owner:			
<b>Attach the following, as appropriate:</b>			
<input type="checkbox"/> Photographs of site and surrounding areas		<input type="checkbox"/> Maps (street, topographic, aerial, site map, etc.)	
QUESTION	OBSERVATION		
Is there evidence of any of the following?	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"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <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"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <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"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <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"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <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"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <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"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <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"/>	YES <input type="checkbox"/>	
	NO <input type="checkbox"/>	NO <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"/>
<b>If answering "YES" or UNKNOWN" to any above items, describe the conditions:</b>		
<b>Use photographs and maps to mark and identify conditions. Attach more information as needed.</b>		
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:	Phone Number:	
Name:	Email:	
Title:	Agency:	
Address:		
<b>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.</b>		
Signature:	Date:	

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# Exhibit 1-C

**Concrete Quantity Report must be Completed for construction projects**

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

# Exhibit 1-D

## Small and Micro-Business Participation Table – For Economic Development Applications

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

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

**Note:** Façade Improvement using CDBG Funds, you must have the support of businesses and complete all columns listed above. For other Economic Development activities, please complete the first four (4) Columns. Refer to the CDBG Instructions.  
 Micro enterprises are defined as a commercial enterprise that has five (5) or fewer employees to include the owner(s).

**Exhibit 1-E**

**Bituminous Concrete Quantity Report must be Completed for Construction Projects**

**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