

CDBG FINAL APPLICATION
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 52659 (10/11)

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

RESOLUTION OF SPONSORSHIP

Sponsoring units of government must adopt and submit the following or an equivalent resolution. This resolution must be adopted prior to submission of the application.

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

_____ (Title Of Authorized Official) is hereby authorized to apply to the North Dakota Division of Community Services for funding of this project on behalf of _____ (Sponsoring Unit of Government) on _____ (Date).

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

SIGNED:

Signature

Title

Date

WITNESSED:

Signature

Title

Date

APPLICANT ASSURANCE CERTIFICATIONS

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

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

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

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

SIGNED:

Signature

Title

Date

WITNESSED:

Signature

Title

Date

FAIR HOUSING CERTIFICATION

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

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

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

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

ADDITIONAL REQUIRED INFORMATION

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

If yes, are updates necessary.

COMMUNITY DEVELOPMENT NEEDS ASSESSMENT

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

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

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

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

COMMUNITY DEVELOPMENT NEEDS ASSESSMENT

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

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

I. COMMUNITY NEEDS

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

A. INFRASTRUCTURE NEEDS

1. WATER

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

*Explanation of "Inadequate" determinations:

2. SANITARY SEWER

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

*Explanation of "Inadequate" determinations:

3. DRAINAGE

Adequate

Inadequate*

Not Applicable

Storm Sewer

Flood Control

Other

*Explanation of "Inadequate" determinations:

4. TRANSPORTATION

Adequate

Inadequate*

Not Applicable

Streets and Roads

Curb and Gutter

Bridges

Parking

Railroad Crossings

Pedestrian Walkways

Handicapped Access

Airports

Public Transportation

Other

*Explanation of "Inadequate" determinations:

B. PUBLIC FACILITY NEEDS

Adequate

Inadequate*

Not Applicable

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

*Explanation of "Inadequate" determinations:

C. HOUSING NEEDS

Adequate

Inadequate*

Not Applicable

1. HOUSING AVAILABILITY

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

*Explanation of "Inadequate" determinations:

2. HOUSING CONDITION

Adequate

Inadequate*

Not Applicable

Rental Housing/Apartments

Detached Owner-Occupied Homes

Mobile Homes

Vacancy Rate of Standard/Substandard Homes

Percentage of Substandard Units

Other

*Explanation of "Inadequate" determinations:

D. ECONOMIC DEVELOPMENT

Adequate

Inadequate*

Not Applicable

Number of Jobs Available

Availability of Commercial/Industrial Space

Availability of Basic Consumer Goods & Services

Viability of Existing Businesses

Rate of Business Expansion

Economic Diversity in the Community

Other

*Explanation of "Inadequate" determinations:

E. TARGETED GROUP NEEDS

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

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

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

_____ Jobs or more or better employment opportunities.

_____ Other _____

_____ Other _____

Explanation of top rated needs:

II. PRIORITIZATION

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

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

1. Priority A

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

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

2. Priority B

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

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

3. Priority C

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

4. Priority D

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

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

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

PRIORITY NEEDS	PROPOSED SOLUTIONS
Priority A	Priority A

PRIORITY NEEDS	PROPOSED SOLUTIONS
Priority B	Priority B

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

APPLICATION QUESTIONS

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