

2021 Public Improvement Application

cover sheet for (check one box only):

Facilities

Infrastructure

Accessibility Improvement

Agency Name

Project Name

Contact Person

Title

Address

City, State, Zip

Phone

Fax

E-Mail

Type of Applicant

Non Profit (public/private)

Government

Other: _____

	Duns Number	
	CDBG REQUEST	\$

I/We hereby certify that all information contained in this application for funding is true and correct to the best of my/our knowledge and agree to comply with all requirements of the program if this agency is awarded and accepts funding.

Print Name, Board Chairperson

Signature/Date

Print Name, Chief Executive Officer

Signature/Date

Type of Project and Type of Applicant

- Infrastructure Improvements
- Public Facilities Improvements
- Accessibility Improvements

- Unit of Government
- Public Non-Profit Organization
- Private Non-Profit Organization

Name, address & phone number of applicant:

Name, address & phone number of person responsible for preparation of application:

Project to be Funded

1. Describe in detail the activity for which you are requesting funds. Please include all environmental concerns and design features. If photos, maps or renderings are available, please include. Use additional sheets if needed.

2. Name the priority goal identified in the 2020 – 2024 Consolidated Plan and explain how your project addresses that need?

3. What is the relationship between the priority goal and the project's outcome?

4 Why are CDBG funds needed for this activity? What other funding sources have been solicited?

5. Describe the agency's capacity to undertake the proposed project, including relevant staff knowledge and skills, experience with similar projects, compliance with federal procurement requirements to include Davis Bacon and State of Illinois Prevailing Wage, Section 3 and Minority/Women Business Enterprises.

6. Maximum time anticipated to complete the project:

Beginning date:

Ending date:

Duration:

7. Explain the steps or phases necessary to complete the project (Engineering/design, advertising, bidding, contract award, construction, etc.) Attach detailed project schedule.

8. Quantify your anticipated accomplishments (e.g. 3,275' storm sewer, three restroom rehabs, number of jobs, etc.):

Agency Procedures

1. Describe your agency's procurement/ bidding policies and procedures. Include additional attachments if needed.

National Objective Compliance

1. Explain fully how the proposed project meets the CDBG National Objective. Provide substantiating documentation supporting your claims:

2. Number of **total** households expected to benefit from implementation of this project?

3. Percentage of households benefiting from the project which are low income?

4. Number of **low income** households expected to benefit from implementation of this project?
(multiply 3 and 2)

NOTE: Low income benefit must be documented by Census data or income survey forms. The total number of households benefiting should be an actual and reliable neighborhood or client count. You must define your beneficiaries and document how you calculated this figure.

Additional Questions

Describe and submit documentation of existing conditions contributing to blight in the area that will be addressed by this project: (if applicable)

Explain the cost associated with the design and development of the project:

Project Budget

A minimum of **25%** of the estimated project cost must be offered by the applicant. Leveraging may be provided in the form of materials and/or labor, cash and/or other non-CDBG funding. The minimum percent of leveraging which is pledged for the project must be maintained, regardless of the amount of Community Development Block Grant Funds awarded.

Source of applicant's leveraging:

_____	\$ _____
_____	\$ _____
	Total \$ _____

Calculate leveraging ratio as leverage offered divided by total project cost:

_____ ÷ _____ = _____ %

Notes:
CDBG Funds, including previously awarded CDBG funds, cannot be counted as leverage.

Explanation of how leverage funds are spent:

AGENCY CERTIFICATION

Please mark "YES" or "NO" as appropriate next to each statement and initial each. Your initials certify the accuracy of each statement. Supporting documents may be requested at a future date and must be supplied upon request.

Agency's Date of Incorporation _____ C.E.O. Initials _____

Initial YES NO

____ ____ ____ Agency maintains a personnel policy manual

____ ____ ____ Agency has an affirmative action plan

____ ____ ____ Agency has a non-discrimination policy

____ ____ ____ Agency has a sexual harassment policy

____ ____ ____ Agency has a grievance procedure

____ ____ ____ Agency has the capacity to financially administer grant funds and has an effective fiscal management system in place.

____ ____ ____ Agency maintains liability insurance coverage

If yes, amount of coverage _____

Name of insuring agency _____

____ ____ ____ Agency pays all payroll taxes and workers' compensation as required by Federal and State law

____ ____ ____ Agency maintains fidelity bond coverage for principal staff handling agency accounts

If yes, amount of coverage _____

Name of insuring agency _____

____ ____ ____ Agency has a religious affiliation

If yes, please describe fully _____

____ ____ ____ An agency representative, paid or unpaid (staff, board, volunteer, etc.) maintains a family or business tie with an employee, agent, consultant, officer, elected or appointed official of the funding agency or personally maintains a dual role. If yes, state the names and positions of the parties involved and define the relationship _____

____ ____ ____ Agency has by-laws in place

Date Accepted _____

Date Last Amended _____

Name & Title of person initialing above (print/type)

Signature of person initialing above

BOARD QUESTIONNAIRE AND ROSTER

A) How often does your Board of Directors Meet?

B) What are the standing Board Committees?

C) The name, mailing address and term of expiration of the Board President:

D) Please complete the following:

Board Member Profile

Name	SEX		AGE				RACE/ETHNICITY							Town of Residence	# Years on Board	# Meetings attended in past year	What Board committees are they on?	
	Male	Female	20-35	36-50	51-65	Over 65	Caucasian/Non-Hispanic	Black/Non-Hispanic	Asian/Pacific Islander	Hispanic/Caucasian	Hispanic/Black	American Indian/Alaskan Native	Other					

Agency Attachments

State of Illinois Certificate of Good Standing

SAM Registration

IRS Letter (Non-Profits)

Location Maps/Photos

Agency Audit

Project Schedule

Procurement plan (if applicable)

Authorization and Signature Sheet

Submission of this Community Development Block Grant application and the information contained herein is authorized by:

Signature of Chief Executive Officer

Name

Title

Locality or Agency

Project Name

Date