Print Form

AGENCY NAME: _____

Public Facilities Activity Name: _____

BENEFICIARIES

1. Activity will serve residents ☐ City Wide or: Only in the following Census Tracts (Check all that apply)

   ☐ 302 ☐ 303 ☐ 304 ☐ 305 ☐ 306 ☐ 307.01 ☐ 307.02 ☐ 308.02 ☐ 309 ☐ 310 ☐ 311 ☐ 312 ☐ 313 ☐ 314 ☐ 315
   ☐ 316.01 ☐ 316.02 ☐ 317 ☐ 318.01 ☐ 318.02 ☐ 319.03 ☐ 319.04 ☐ 320.01 ☐ 321 ☐ 398 ☐ 399

2. # of unduplicated persons anticipated to be served 2020-2021

   Of those to be served:

   What % will be Elizabeth residents _____ What % will be Hispanic _____
   What % will be Female _____ What % will be Male _____

   What Races will be served *(select all that apply):*

   ☐ Caucasian ☐ African American ☐ Asian ☐ Other: _____

3. What months of the year will the facility function: _____

4. What days of the week will the facility function: _____

5. What hours of the day will the facility function: _____

6. Population by age to be served (choose one only): ☐ Infants (<1 yr) ☐ Children (Over 1yr-Up to 12 yrs)

   ☐ Youth (Over 13-Up to 18 yrs) ☐ Adults (Over 19-Up to 64 yrs) ☐ Seniors (65yrs & over)

7. Population by Income Range: *(see attached chart)*

   ☐ Extremely Low (0 - Up to 30% AMI) ☐ Low (Over 30-Up to 50% AMI) ☐ Mod (Over 50-Up to 80% AMI)

8. Does a similar facility exist in the same target area/census tracts for the same target population?

   Yes ☐ No ☐ If Yes, Please identify

9. Activity Will: ☐ Help Prevent Homelessness ☐ Help the Homeless ☐ Help those with HIV/AIDS
   ☐ Help Persons with Disabilities ☐ None of These Apply

10. This activity will address the following municipal Public Facility priority:

   ☐ *Neighborhood Facilities* ☐ *Sidewalks* ☐ *Parks & Recreation* ☐ *Street Improvements*

11. While not one of the above priorities, this activity will address the following community need:
(Answer in the space provided only – no attachments)

This need was determined by:

AGENCY NAME: _____

Public Facilities Activity Name: _____

12. This activity fits the definition of the following Public Facilities Matrix Code *(Check Only One – See Definitions)*:

☐ 03A Senior Centers	☐ 03B Handicapped Centers	☐ 03C Homeless Facilities
☐ 03D Youth Centers	☐ 03E Neighborhood Facilities	☐ 03F Parks, Recreational Facilities
☐ 03G Parking Facilities	☐ 03H Solid Waste Disposal Improv.	☐ 03I Flood Drainage Improv.
☐ 03J Water/Sewer Improv.	☐ 03K Street Improvements	☐ 03L Sidewalks
☐ 03M Childcare Centers	☐ 03N Tree Planting	☐ 03P Health Facilities
☐ 03Q Facilities for Abused/Neglected Children	☐ 03R Asbestos Removal	☐ 03S Facilities for AIDS Patients
☐ 03 Other Public Facilities/Improvements		

13. This activity falls under one the following Performance Measures codes *(please check only one)*:

☐ *Suitable Living & Availability/Accessibility*

- *Roadway, sidewalk, curbs, curb cuts, and crosswalks;*
- *Installation of water mains, manhole retrofits;*
- *ADA improvements to municipal buildings, libraries, other public facilities.*

☐ *Suitable Living & Affordability*

- *Improvements to municipal parks, recreational facilities and historical facilities;*
- *Senior Citizen Center Improvements;*
- *Improvements to facilities serving senior citizens, disabled or low-income clientele;*
- *Tree Planting.*

14. This activity will meet the indicated National Objective with the following documentation:

☐ Area Benefit (Low/Mod Area) – Registration sheet including client's name, address, age & signature which can be compared to census tract info. – including area boundaries.

☐ Low/Mod Income Persons (Low/Mod Clientele) – Registration sheet including client's address, # in household, income, ethnicity, age, if Hispanic/ signature. Include proof of income (tax return, public benefit letter, etc.)

☐ Slum/Blight – Slum/Blight Determination signed by Construction Official including address or area boundaries.

☐ Urgent Need – Health & Safety Hazard Determination by City Official (Construction, Housing, or Health) including address or area boundaries.

15. Briefly explain the resulting anticipated measurable outcomes *(resulting benefits to participants i.e. # of clients placed in permanent jobs at a living wage, # of homeless that moved into permanent housing, etc.).*

16. How will the agency self evaluate the proposed activity and at what intervals?

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Public Facilities Activity Name: _____

SITE INFORMATION

1. Site Control:

☐ Contract of Sale ☐ Deed of Ownership ☐ Contract or Authority to Execute a Long Term (15 year) Leasehold Mortgage

2. Are there liens/mortgages or other encumbrances (deed restrictions, etc.) on subject property?

☐ No ☐ Yes

If Yes, please complete the following:

Mortgage Company/Bank	**Total Loan Amount**	**Interest Rate**	**# Years**	**Current Loan Balance**
_____	$_____	_____ %	_____	$_____

Other Encumbrances ☐ No ☐ Yes

If Yes, please explain:

3. Identify any Federal/State/Local Requirements:

☐ Permits ☐ Approvals ☐ Licenses ☐ Matching Grants

☐ Other: Please describe: _____

4. Are there any impediments, contingencies, or environmental site conditions or issues that might delay or prohibit project from moving forward in a timely manner?

Issues		
Flood Hazard	☐ No	☐ Yes
Brownfields	☐ No	☐ Yes
Lead Paint	☐ No	☐ Yes
Asbestos Removal	☐ No	☐ Yes
Historic Preservation	☐ No	☐ Yes
Underground Tanks	☐ No	☐ Yes
Relocation	☐ No	☐ Yes
Zoning Change	☐ No	☐ Yes
Other:	☐ No	☐ Yes

Please Describe:

AGENCY NAME: _____

Public Facilities Activity Name: _____

5. Photographs of Site (Insert here):

AGENCY NAME:
Public Facilities Activity Name:

ESTIMATED COST OF IMPROVEMENTS

Trade Item/Description of Work	*Quantity* (Approximate)	*Unit Cost*	*Total Cost*
1. Demolition			
2. Site Prep			
3. Excavation			
4. Footings			
5. Masonry			
6. Concrete Work			
7. Structural Steel			
8. Framing			
9. Roofing			
10. External Walls			
11. Rough Plumbing			
12. Rough Electric			
13. HVAC			
14. Windows/Doors			
15. Insulation			
16. Drywall			
17. Spackling/Sanding			
18. Wall/Floor Tile			
19. Finish Carpentry			
20. Painting			
21. Finish Electric			
22. Finish Plumbing			
23. Finish HVAC			
24. Finish Floors			
25. Site Work			
26. Other (describe:)			

TOTAL HARD COSTS $

Cost Estimator Name: _____ **Company:** _____

Signature: _____ **Date:** _____

AGENCY NAME:

Public Facilities Activity Name:

Sources/Uses Chart

	ACTIVITY TYPE	FEDERAL FUNDS	STATE FUNDS	PRIVATE FUNDS	OWNER CONTRIB.	CDBG FUNDS	TOTAL FUNDS
	Acquisition						
HARD COST	Lead/Asbestos Removal						
	Demolition						
	Construction						
	Rehabilitation						
	Hard Cost Subtotal						
SOFT COST	Architect						
	Engineering						
	Legal						
	Environmental						
	Closing Costs						
	Auditing						
	Relocation						
	Reserves						
	Soft Cost Subtotal						
	TOTAL						

Total Funds Requested Total Activity Cost

AGENCY NAME:

Public Facilities Activity Name:

Status of Other Funds

Source	Name	Date Submitted	Pending/Approved	Amount
Other Federal				
State				
Private				
			TOTAL	

TIMETABLE

PROPOSED ACTIVITIES	**Start Date** Month/Year	**Completion Date** Month/Year
Environmental Investigation (Assessments/Studies)		
Arch/Engineering		
Site Plans		
Zoning/Variances		
Other Local Approvals		
Close on Construction Financing		
Acquisition		
Permits		
Lead/Asbestos Removal		
Demolition		
Rehabilitation/Construction Milestones:		
Foundation/Footing		
Rough Plumbing		
Rough Electric		
Roof		
Windows/Doors		
HVAC		
Fire Suppression		
Certificate - of - Occupancy		
Permanent Financing		
Marketing		
Occupancy		