Print Form

AGENCY NAME: _____

Economic Development 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 (Over 65 yrs)

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 Economic Development priority:

☐ *Job Training (Job Creation)** ☐ *Micro Enterprise Program*

☐ *Technical Assistance to Businesses* ☐ *Commercial Development & Redevelopment*

(Job Training/# people trained = Public Service Job Creation/ # jobs created = Economic Development)*

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:

Economic Development Activity Name:

12. This activity fits the definition of the following Economic Development Matrix Code *(Check Only One – See Definitions)*:
    - ☐ 14E (CI): Rehab: Publicly or Privately Owned Commercial/Industrial
    - ☐ 17A CI: Acquisition/Disposition
    - ☐ 17B CI: Infrastructure Development
    - ☐ 17C CI: Building Acquisition, Construction, Rehabilitation
    - ☐ 17D CI: Other Improvements
    - ☐ 18A ED: Direct Financial Assistance to For-Profits
    - ☐ 18B ED: Technical Assistance
    - ☐ 18C ED: Micro-Enterprise

13. This activity falls under one the following Performance Measures codes

☐ *Economic Opportunities & Sustainability*

- *Micro Loan Program;*
- *Façade Improvements;*
- *Job Training Programs;*
- *Business Development & Expansion;*
- *Commercial Development & Redevelopment*

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.)

☐ **Low/Mod Job** – Documentation that beneficiaries are low and moderate income, verifiable income certification and supporting documentation collected as part of the intake/application process for each beneficiary. Please see HUD Exchange Income Calculator for example. Job retention activities require additional documentation from company.

☐ **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. This activity will meet one of the two Public Benefit Standards below: (please check one)

☐ **Job-Based Activities** – Not more than $35,000 will be spent for each permanent, full-time equivalent (FTE) position (40 hours per week) created or retained. In other words, if the program has $350,000 of CDBG funds the program would need to show that a minimum of 10 FTE jobs were created ($350,000 ÷ $35,000 = 10 jobs). As a result, the funds requested will create/maintain a minimum of _____ FTE jobs.

☐ **Area Based Activities –** Not more than $350 will be spent for each low and moderate income person in the service area. In other words, if there are 1,000 persons in the service area, the public benefit standard would allow $350,000 in expenditures ($350 x 1,000 = $350,000). As a result, the funds requested will provide a benefit of no more than _____ for each L/M income person in the service area.

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16. 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.)* of your proposed activity:

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

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: _____

Economic Development Activity Name:

5. Photographs of Site (Insert here):

AGENCY NAME:
Economic Development 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: _____

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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						
SOFT COST	**Hard Cost Subtotal**						
	Architect						
	Engineering						
	Legal						
	Environmental						
	Closing Costs						
	Auditing						
	Relocation						
	Reserves						
	Soft Cost Subtotal						
	TOTAL						

Total Funds Requested Total Activity Cost

AGENCY NAME:

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Status of Other Funds

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

ACTIVITY TIMETABLE	**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		