This application is due to Hocking Athens Perry Community Action by May 6, 2022.

| Please mail, email or deliver your applications to: | Hocking Athens Perry Community Action |
|---|---------------------------------------|
| | Attn: Nathan Simons |
| | 3 Cardaras Dr / PO Box 220 |

Glouster, OH 45732

nathan.simons@hapcap.org

Eligible applicants include: local governments, local government agencies, fire departments, and non-profits serving low and moderate-income individuals. *Individuals are not eligible to apply*.

INSTRUCTIONS: <u>TYPE or PRINT</u> responses to the questions and attach all documentation listed in the 'ATTACHMENTS' section. Use additional sheets of paper if needed to answer questions. If you have any questions or need assistance, please call the Community Development staff at Hocking Athens Perry Community Action at 800-686-1093 or 740-767-4500 or email them at nathan.simons@hapcap.org.

| <u>Applicant</u> | Project Location | Choose Improvement (x) | Total Cost | CDBG \$ |
|------------------|-------------------------|--------------------------|------------|------------------|
| | | | | <u>requested</u> |
| | | Street Sewer Facility | | |
| | | Sidewalk Senior Center | | |
| | | Water Facility | | |
| | | Fire Protection Facility | | |
| | | Neighborhood Facility | | |
| | | Flood & Drainage | | |
| | | Parks and Recreation | | |
| | | Other (Please specify | | |
| | | below) | | |
| | | | | |
| | | | | |

| Name and contact information of applicant. | (Examples of | f applicants | are citizen | groups, | townships, | villages |
|--|--------------|--------------|-------------|---------|------------|----------|
| fire departments, etc.) | | | | | - | |

| a. | NAME: |
|----|----------|
| b. | ADDRESS: |
| c. | PHONE: |

<u>Name and contact information of **primary contact person** for applicant.</u> (Examples of contact persons are mayors, council person, township trustee, fire chief, village administrator, etc.)

| a. | NAME: |
|----|----------|
| b. | ADDRESS: |
| c. | PHONE: |
| a | EMAII. |

To be considered for funding by the County for the CDBG Allocation Program, I/we acknowledge and understand the following:

- 1. Proposed projects must be completed between September 1, 2022 and August 31, 2024.
- 2. Projects must qualify based on benefiting areas which are at least 51% low- and moderate-income per the new HUD data from 2011-2015 or aid in the prevention of slum and blight.
- 3. All non-residential construction and improvements must meet or exceed State Building Codes (such as: Neighborhood Facility, Community Center or Senior Center etc.).
- 4. Cost estimates must be itemized, signed, and provided by a qualified source (engineer, architect, county engineer, etc.).
- 5. All cost estimates for construction projects with an estimated cost of \$2,000 or more <u>must include a federal prevailing wage statement</u>. **This must be noted on the estimate.**
- 6. Unfortunately, as of Program Year 2021 street paving/resurfacing projects are not eligible through Allocation Funding.
- 7. Only the County may enter into contracts for your project. If funded, the applicant understands that the county is the recipient of the grant and must enter into all contracts for the activity. * The local applicant is not authorized to perform any procurement activities for this project.*
- 8. If non-CDBG funds will be contributed to the proposed project a **commitment letter is required**.
- 9. If funded, the applicant understands that all administration and procurement activities must follow CDBG requirements. Hocking Athens Perry Community Action is will be the administrator on behalf of eligible jurisdiction.
- 10. All required rights-of-way, easements, and property needed for the proposed activity are owned by the applicant or applicant has received authority from the owner, which must be provided in writing.

| Printed Name of Authorized Official of Applicant | Title | |
|--|-------|--|
| | | |
| Signature of Authorized Official | Date | |

PROJECT SPECIFIC QUESTIONS:

| 1) | | of the project. An address is required. If there is no mailing address, please provide the closest address to the site. |
|----|-------------|---|
| | a. | MAILING ADDRESS: |
| | | COUNTY: |
| | | TOWNSHIP/JURISDICTION: |
| | d. | DOES THE APPLICANT OWN THIS PROPERTY/BUILDING? YES NO |
| | | tach proof of ownership IF NO, attach proof of ownership and owner project approval |
| 2) | Benefit ar | ea. Who will benefit from the proposed project? |
| | a. | DESCRIBE THE GEOGRAPHICAL PROJECT BENEFIT AREA (Village, Neighborhood, Street, etc.): |
| | b. | IMPACT LEVEL, (How will the project impact the community?): |
| | c. | PLEASE CHECK ALL THAT APPLY TO YOUR PROPOSED PROJECT: Benefit a primarily Low – Moderate Income Individuals |
| | | Eliminate Slum and Blight from the Community |
| | | Benefit Limited Clientele: i.e., seniors or persons with disabilities |
| | d. | LMI% OF BENEFIT AREA:% (Please See Attached Data) i. From 2011-15 HUD Data ii. From Income Survey |
| 3) | Criticality | What factors determine the proposed project's urgency? |
| | a. | PLEASE CHECK ALL THAT APPLY TO YOUR PROPOSED PROJECT: |
| | | Safety Health General Welfare Other |
| | b. | PLEASE DESCRIBE THE CRITICALITY OF THE PROPOSED PROJECT: |
| | | |
| | | |
| | | |

| .) | DESCRIBE YOUR PROJECT IN AS MUCH DETAIL AS POSSIBLE (specifically the feasibility of the | | | | | |
|----|--|--|--|--|--|--|
| | proposed project): | | | | | |
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| | | | | | | |
|) | WILL THIS PROJECT INVOLVE RIGHTS-OF-WAY OR EASEMENTS? YES NO | | | | | |
| | a. IF YES, PLEASE EXPLAIN | | | | | |
| | | | | | | |
| | | | | | | |
| | b. IF YES , PROVIDE LETTER OF SUPPORT FOR THE PROJECT FROM THE OWNER/S OF THE PROPERTY WHICH WILL REQUIRE OBTAINING RIGHTS-OF-WAY OR EASEMENTS (IF APPLICABLE). | | | | | |
|) | PROVIDE A DETAILED EXPLANATION OF WHY YOUR COMMUNITY NEEDS THIS PROJECT. | | | | | |
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|) | EXPLAIN WHY YOUR COMMUNITY NEEDS CDBG FUNDING FOR THIS PROJECT. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| _ | PLEASE LIST ANY OTHER RELEVANT INFORMATION YOU WOULD LIKE TO PROVIDE REGARDING YOUR PROJECT AS AN ATTACHMENT. | | | | | |

COST ESTIMATES

Provide a cost estimate of the project including the total cost of the project, the amount of CDBG funding you are requesting and the sources for all other funding. Please note that any additional funding will need to be in place and documented as committed by May 6, 2022 (resolutions, statement from treasurer on the applicant's letterhead, etc.). If your CDBG application is approved and anticipated funds from other sources are not received it will be your (the applicant's) responsibility to secure replacement funding or risk losing the CDBG funding.

INSTRUCTIONS FOR PROJECT COST ESTIMATES:

- 1. This is the amount of funds you are requesting from the County through its 2022 CDBG Allocation Grant Program application.
- 2. This is the amount of local contribution. A local contribution is not required, but is encouraged if the applicant has funds available. If you intend to provide a local contribution, indicate whether these funds have been committed to the project by circling Y (yes) or N (no).
- 3. Other sources of funds. This could be from other grants such as ARC or ODNR. It is not required that you have other sources of funds. If other funds will be used on this project, indicate whether these funds have been committed to the project by circling Y (yes) or N (no).
- 4. Same as #3.
- 5. Same as #3.
- 6. Same as #3.
- 7. Enter the value of in-kind labor, if any, you intend to use on this project.
- 8. Enter the total project cost.

| PROJECT COST ESTIMATES | | | | |
|---|-----------|----|--|--|
| (1) Requested CDBG amount: | | \$ | | |
| (2) Local Contribution (if applicable) | Committed | \$ | | |
| | Yes. No | | | |
| (3) Other: Source: | Committed | \$ | | |
| (4) Other: Source: | Committed | \$ | | |
| (5) Other: Source: | Committed | \$ | | |
| (6) Other: Source: | Committed | \$ | | |
| (7) In-kind labor (if applicable): | Committed | \$ | | |
| (8) TOTAL PROJECT COST | | \$ | | |

ADDITIONAL INFORMATION:

| 1. | If in-kind l | abor will be used, answer the following: |
|-----------------------|---|---|
| | a. | Detailed explanation of what kind of work will be done utilizing in-kind labor: |
| | | |
| | b. | What expertise do you have in order to do the proposed work? |
| 2 | If addition | al funds are planned to be used on this project but have not yet been committed, please provide an |
| ۷. | | n regarding the source and when the funds are expected to be committed. |
| | | |
| 3. | | this space to provide any additional information about your project not covered elsewhere in this in (optional). |
| | | |
| Sľ | TE INFOR | MATION |
| En qu coi yo | vironmenta estions are nsideration ur project is | d construction projects are required to undergo an Environmental Review process. The l Review process may result in conditions which could add to the cost of the project. These intended to help you and the design professional submitting the cost estimate take into any potential environmental issues that may affect the cost of the project. Please remember that if a funded, the amount of the grant award will not be increased and it will be your responsibility to ditional funding that may be required to complete the project. |
| Ple | ease consid | er your entire project when answering the following questions. |
| | 1. Does y | our project involve a building? If so, what year was it built? |
| | 2. If your | project involves a building, are there any existing code violations that need to be addressed? |
| | | ☐ Yes ☐ No |
| | a. | If yes, will this project address those code violations? Yes No |

3. Certificate of Occupancy Requirement for activities involving an existing building:

SECTION 111 CERTIFICATE OF OCCUPANCY

111.1 Approval required to occupy. No building or structure, in whole or in part, shall be used or occupied until the building official has issued an approval in the form of a certificate of occupancy. The certificate of occupancy shall indicate the conditions under which the building shall be used. The building owner shall only use the structure in compliance with the certificate of occupancy and any stated conditions. The structure and all approved building service equipment shall be maintained in accordance with the approval. When a building or structure is entitled thereto, the building official shall issue a certificate of occupancy.

I have read the above statement and certify that the structure pertaining to this request for funding is in compliance with Section 111 – Certificate of Occupancy of the Ohio Building Code. I understand a copy of the Certificate of Occupancy may be required if this project is selected for funding.

| | Signature of applicant Date | ; | |
|-----|---|-------------------------|-----------------|
| 4. | Does the building or project area contain asbestos, lead, or other considerations? Yes No Do you have surveys verifying to | | pecial disposal |
| 5. | Does the building or project location have any historical significance (such as listed on the National Register of Historic Places, eligible for a listing due to age, etc.)? Yes No a. If so, please explain: | | |
| | | | |
| 6. | Is the project in a historic district or neighborhood? | Yes | ☐ No |
| 7. | Will the project affect brick streets or sidewalks? | Yes | ☐ No |
| 8. | Is the project site located in or near the floodplain or wetlands? | Yes | ☐ No |
| 9. | Are there any streams on or near the project site? | Yes | ☐ No |
| 10. | Will the project involve excavation or clearing of undisturbed lan | nd? Yes | ☐ No |
| 11. | Will the project involve demolition? | Yes | ☐ No |
| 12. | Will easements need to be acquired? | Yes | ☐ No |
| 13. | Will any access fees be charged (examples: sewer or waterline he | ook-up, membership fee | es, etc.)? |
| | | Yes | ☐ No |
| 14. | Is the project site near any natural features such as bluffs or cliffs | s or near the Wayne Nat | ional Forest? |
| | | Yes | ☐ No |
| 15. | Are there any unusual conditions on the site? | Yes | ☐ No |
| 16. | Will the project change the current use of the building/site? | Yes | ☐ No |
| 17. | Is the proposed project in compliance with local zoning? | Yes | ☐ No |
| | | | |

ATTACHMENTS

THE FOLLOWING ATTACHMENTS ARE REQUIRED FOR ALL PROPOSED PROJECTS:

- 1. <u>COST ESTIMATE</u> Cost estimates must be from an architect, engineer, or appropriate professional on their letterhead.
- 2. <u>COMMITMENT LETTER(S)</u> Commitment letters are needed from all sources of funds for the project other than CDBG. Include letters for volunteer labor and in-kind contributions. All funds committed to the project must be specifically documented in the letter as available to the project ending August 31, 2023.
- 3. MAP Indicate the location of the project *and* draw a border around the benefit area.
- 4. PROOF OF OWNERSHIP Proof that the applicant has the authority to request this project.

THE FOLLOWING ATTACHMENTS ARE <u>OPTIONAL</u> FOR ALL PROPOSED PROJECTS:

- 1. Photographs of the project area to visually document need.
- 2. Copies of newspaper articles about the project.
- 3. Any other pertinent information that will help the County Commissioners understand why your community needs this project.

THE FOLLOWING ATTACHMENT IS REQUIRED IF THE APPLICANT IS A NON-PROFIT:

1. COPY OF CONSTITUTION AND BY-LAWS.

THE FOLLOWING ATTACHMENT IS <u>REQUIRED</u> IF THE APPLICANT IS A FIRE DEPARTMENT:

1. <u>COMPLETE LIST OF EQUIPMENT</u> – Attach a complete list of equipment needed to meet specific safety requirements of the industrial commission of Ohio relating to fire fighting, ORC 4121:1-21, along with an itemized list of equipment request and estimate(s) of cost.

THE FOLLOWING ATTACHMENTS ARE <u>REQUIRED</u> IF THE PROPOSED PROJECT IS FOR THE PURCHASE OF EQUIPMENT FOR A PUBLIC SERVICE:

1. <u>PROGRAM DESCRIPTION</u> – Describe the agency, services, and clientele and how the proposed activity meets a national objective (limited clientele or low-moderate income). Discuss the service and whether it is a new service or expansion of an existing service.

2. LEVEL OF SERVICE

- a. Define how the service is measured. Identify a unit of service (e.g. nights of shelter, meals per day, individuals served per month, etc.).
- b. Identify the *previous year's* source of funds and respective funding levels.
- c. Document the previous calendar year's level of service in units.
- d. Indentify the upcoming year's projected source of funds and respective funding levels.
- e. Project the upcoming year's level of service both with and without CDBG funding.
- f. Indicate the percentage of clients or persons served who reside in your community.

ATTACHMENTS CHECKLIST

| REQUIRED ATTACHMENTS | |
|--|--|
| Cost Estimate - must include Federal Prevailing Wage & Useful Life Statements from | |
| Engineer or Architect | |
| Commitment Letters- required per funding source and local commitments | |
| Location Map | |
| Proof of Ownership | |
| <u>OPTIONAL</u> ATTACHMENTS | |
| Photos | |
| Additional Pertinent Information | |

^{**}PLEASE SEE SPECIAL ATTACHMENT REQUIREMENTS ON PAGE 8 IF APPLICABLE**

APPROXIMATE TIMELINE:

April 1, 2022 Applications for funding available
 April 5, 2022 First Public Hearing – Athens, Ohio
 April 14, 2022 Athens County CDIS Meeting

• May 6, 2022 Applications Due

May 24, 2022 Project selections by Commissioners

• Early June, 2022 Second Public Hearing*.

• June 15, 2022 Submit County's Allocation and competitive applications

September 1, 2022 Grant award by State of Ohio
 October-February 2023 Environmental Reviews

• March-June 2023 Procure Design Professionals and project design phase

• July 23 – August 24 Construction Phase

• August 31, 2024 Deadline for project construction completion

FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

Nathan Simons

Hocking Athens Perry Community Action

3 Cardaras Dr. / PO Box 220

Glouster, OH 45732

Phone: 740-767-4500 / 800-686-1093

Fax: 740-767-1086

Email: nathan.simons@hapcap.org

^{*}Applicants will be notified of actual date when scheduled

^{**}Applicants required to complete an Income Survey will be notified of actual date.