

**GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**THE CHURCHILL COUNTY CDBG APPLCIATION IS DUE TO CHURCHILL COUNTY SOCIAL SERVICES
NO LATER THAN March 31, 2021 by 3:00pm
2021 APPLICATION**

<p>A. Name of City/County w/address: <input type="text"/> <input type="text"/> DUNS #: <input type="text"/> CAGE #: <input type="text"/></p> <p>B. Name, Title & Phone No. of CDBG Contact Person: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>C. Name and Phone No. of Grant Author: <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>H. Is this application for CDBG-CV ROUND 2 _____ or Round 3 _____</p> <p>I. Total Project Cost: \$ <input type="text"/></p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;">FUNDING SOURCES</th> <th style="text-align: center;">AMOUNT</th> <th style="text-align: center;">STATUS OF COMMITMENT</th> </tr> </thead> <tbody> <tr> <td>CDBG Request</td> <td></td> <td align="center">Requested</td> </tr> <tr> <td>Local Cash</td> <td></td> <td></td> </tr> <tr> <td>Local In-Kind</td> <td></td> <td></td> </tr> <tr> <td>State</td> <td></td> <td></td> </tr> <tr> <td>Other Federal</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>TOTAL ESTIMATED COST</td> <td></td> <td></td> </tr> </tbody> </table> <p>J. % CDBG: <input type="text"/></p>	FUNDING SOURCES	AMOUNT	STATUS OF COMMITMENT	CDBG Request		Requested	Local Cash			Local In-Kind			State			Other Federal			Other			Other			TOTAL ESTIMATED COST		
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<p>D. Project Title: <input type="text"/></p> <p>E. Address of Project Location: <input type="text"/> <input type="text"/></p> <p>F. Type of Project: (Check One) ___ Planning ___ Community Facilities ___ Community Service ___ Economic Development ___ Housing Rehab. ___ Other _____</p> <p>G. Brief Description of Proposed Project and how the project directly benefits the prevention of, preparation for, and response to Coronavirus (max. 5 lines)</p>	<p>K. Eligible Activity? YES / NO L. HCDA Citation: <input type="text"/></p> <p>M. National Objective (Check One):</p> <p><input type="checkbox"/> Benefit to Low and Moderate Income Persons</p> <p><input type="checkbox"/> Elimination or Prevention of Slum and Blight</p> <p><input checked="" type="checkbox"/> Urgent Need</p> <p>N. Is the project a State Priority:</p> <p><input checked="" type="checkbox"/> Public Health and Safety</p> <p><input type="checkbox"/> Included in an earlier planning process</p> <p>O. Project Start Date: Project Completion Date:</p> <p>NOTE: Planning grants run 7/1/2016 thru 6/30/2017; Construction grants run 7/1/2016 thru 12/31/2017. Extensions are granted at the discretion of the CDBG office.</p>																											
<p>NOTE: If the City or County is applying for CDBG funds on behalf of a non-profit organization, list the name, address, phone number and contact person for the non-profit organization on the following page.</p>																												
<p>CERTIFICATION of Mayor or Chair: I hereby certify that, to the best of my knowledge and belief, the information in this application is true and correct, and that this application has been duly authorized by the governing body of the applicant.</p>																												
<input type="text"/> Typed Name and Title	_____ Signature	_____ Date																										

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If City/County is sponsoring an Applicant, please provide the following details:

Development/Non-Profit Agency (Non-Profit, Housing Authority, etcetera):

Organization:	
Street/PO Box:	
Town/City/Zip Code:	
Chief Executive Officer:	
Phone Number:	
Grant Contact Person:	
Phone Number:	
e-mail address:	
DUNS #	
CAGE #	

AUDIT INFORMATION & CDBG FUNDING HISTORY	Grantee	Sub-Recipient
Does the City/County/Sub-Recipient expect to receive \$750,000 or more in direct and indirect (i.e. through State agencies) in federal financial assistance during any fiscal year of the project period? If so, the CDBG office requires a copy of the single audit for the year(s) of the project, if funded.	YES/NO	YES/NO
Has the City/County/Sub-Recipient received federal assistance from CDBG before?	YES/NO	YES/NO
If YES, list the dates of the most recent project(s)		
If NO, has the City/County/Sub-Recipient received federal financial assistance from any source – directly or indirectly – in the current or most recent fiscal year?	YES/NO	YES/NO
If YES, list dates and sources below.		

FUNDING AGENCY

DATE

FEDERAL REQUIREMENTS ON PROJECT ELIGIBILITY:

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For details regarding CDBG **Eligible Activities**, refer to the following link for the HUD Guide to National Objectives and Eligible Activities for State CDBG Programs.
http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide

National Objective: All projects must meet a National Objective. Check only one of the following three the choices:

<p>1. <input type="checkbox"/> BENEFIT TO LOW AND MODERATE INCOME (LMI) PERSONS</p> <p>If selecting this National Objective, choose one of the following and provide the necessary supporting information:</p> <p>(a) <input type="checkbox"/> City/County-wide LMI-A (b) <input type="checkbox"/> Limited Clientele LMI-C</p> <p>(c) <input type="checkbox"/> Site Specific LMI-S (d) <input type="checkbox"/> Economic Development LMI-J (Income Survey required)</p> <p>(e) <input type="checkbox"/> LMI Housing LMI-H</p> <p>NOTE: An Income Survey must be submitted and approved by CDBG prior to submitting the grant application.</p>

If LMI-C, indicate which “presumed LMI” category will be served by the project:

- Children who are abused: Extremely low income**
- Spouses who are battered: Low income**
- Adults who are severely disabled: Low income**
- Persons who are homeless: Extremely low income**
- Persons who are illiterate: Low income**
- Persons with AIDS: Low income**
- Persons who are migrant farm workers: Low income**
- Persons who are elderly: Senior center – Mod income; not center-based – Low Income**

Note: For **Limited Clientele**, **Economic Development**, and **Low/Mod Housing** projects, demographics, ethnicity information and income verification are required for all beneficiaries. Please provide an explanation how the beneficiaries will be counted.

For **economic development projects**, where assistance is being provided to for-profit business(es), include commitment letters from the employer(s) explaining how they will comply with the 51% job creation requirement. If letters are not available (e.g. in the case of industrial park development), explain how the site will be marketed and jobs created and counted.

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2. ELIMINATION OR PREVENTION OF SLUM AND BLIGHT

If selecting this National Objective, all of the following must be included with this application:

- (a) Slum/Blight Criteria selected
- (b) Additional Documentation (Photos, Letters from Officials, etcetera)
- (c) Slum/Blight Declaration/Resolution

NOTE: Include a copy of the declaration of Slum and Blight or the Redevelopment Area authorization passed by the City Council/County Commission as an attachment.

3. URGENT NEED

If selecting this National Objective, all of the following criteria must be met:

- (a) Determination of immediate threat – when and by whom; include documentation
- (b) Applicant's inability to finance
- (c) Confirmation that no other financial sources are available
- (d) Confirmation that threat did **not** exist for more than 18 months prior to application

NOTE: This grant funding provides for an interim solution to a problem of urgent nature until funding for a permanent solution can be secured.

Project Beneficiaries: Number of Beneficiaries and Data Sources

	Persons	Households or Jobs	Businesses
1. Total number of individuals/jobs/businesses			
2. Total number of low/moderate income beneficiaries			
3. Percentage of LMI beneficiaries (Divide line 2 by 1) %			

The beneficiary figures were calculated or obtained:

a. From the **US Census or HUD LMISD**, cite Web link, Census Tract(s) and Block Group(s)

i. Web link: or HUD LMISD

ii. Census Tract(s):

iii. Block Group(s):

b. From an **Income Survey**: attach survey methodology, details, and answer the following:

i. Who conducted the survey and when?

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- ii. Has the Survey been verified by CDBG staff? If so, when? (dd/mm/yy)
- c. Explain how the plan will benefit LMI persons.

I. SCOPE OF WORK (SoW)

Provide a clear, concise description of the proposed project including any milestones, reports, and deliverables (task and an end product) expected to be provided. Fully describe all activities for all parts

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of the proposed project; a description of the immediate and adjacent geographical areas; any and all effects the project will have on the geographical areas; any and all contemplated actions. Maps and photographs may be an attachment to the application, if applicable.

PROJECT IMPLEMENTATION SCHEDULE: Provide the timeline that indicates activities and estimated dates to complete the project in the HUD recommended 12 or 18 month time frame.

TASK	MONTH
PROJECT START UP:	
PROCUREMENT OF PROFESSIONAL ASSISTANCE (including professional engineers, architects, community development consultants, etc.)	
PROJECT IMPLEMENTATION:	
PROJECT CLOSEOUT:	

II. PROJECT NEEDS ANALYSIS:

1. What is the need of the community and how was it determined?
2. How is it being addressed presently?
3. What is the proposed response to address the need?
4. Why is the proposed project required?
5. How does the proposed project activity meet the need or solve the problem?
6. How will the potential grantee know if the need has been met or the problem resolved?

III. PLANNING AND PROJECT CONTEXT

1. How does this project contribute to the goals, objectives, and activities identified in the State of Nevada's 2015-2019 Consolidated Plan? Access the Plan using the following link:

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<http://www.diversifynevada.com/programs-resources/rural-community-development/division-documents>

2. Is the project specifically identified in a city/county/regional/state Plan or does the project contribute to a general priority in a plan or plans? (e.g. Consolidated Plan, Annual Action Plan, part of a Master Plan, Regional Plan, Economic Development Plan, Housing and Community Development Needs Assessment)? Provide, in an attachment, the title of the plan(s) and include a copy of the relevant pages that relate to the proposed project.
3. How does the proposed project meet the objectives of the plan(s) and promote long-term, proactive planning?

IV. ECONOMIC DEVELOPMENT IMPACT

A focus of GOED is to more closely align CDBG projects with regional plans for Economic Development. Please respond to the following questions regarding the proposed project:

- a. Describe how the proposed project contributes to the Regional Development Authority plan for the area. Explain how it furthers the goals/indicators of the regional plan.
- b. Describe the local government and community efforts made to fund this project from internal sources including, but not limited to, new taxing or bonding proposals, net proceeds of mines, creation of special assessment districts, budget override votes, rate increases or other funding mechanisms and sources.
- c. If not included in the PROPOSED PROJECT BUDGET & BUDGET JUSTIFICATION NARRATIVE section, provide a detailed budget of private funding leveraged as a result of the proposed CDBG funding.
- d. Identify and explain post-grant employment impacts that will occur in the community as a result of the project.
- e. Identify and explain post-grant tax increment increases that will occur in the community (sales, property, etc.) as a result of the project.
- f. Identify and explain post-grant impacts to the community as it pertains to per capita income and number of businesses impacted that will occur as a result of the project.

V. PROPOSED PROJECT BUDGET & BUDGET JUSTIFICATION NARRATIVE

Please complete the following tables that summarize budget categories and funding sources for the proposed project.

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Project Title:

Date:

Cost Category	CDBG	Local		State	Other Federal	Other	Totals
		Cash	In Kind				
Total Costs							

Additional Funding Details:

Type of Funding	Amount (\$)	Sources of Funding	Secured? YES/NO	If not, when? (dd/mm/yy)
Local Cash				
Local In Kind				
State				
Other Federal				
Other				

NOTE: Please attach letters of commitment or letters of intent for sources of other funding.

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Budget Narrative: The narrative needs to provide detail of how all sources of funding were determined and how all funds in the total budget (and in particular CDBG funds) will be spent. The narrative should provide details of each line item in the budget.

1. For each CDBG Cost Category item shown in the budget explain:
 - a. how the cost was determined;
 - b. the source of the cost estimate, and
 - c. any additional information necessary to explain the cost and necessity of the item.
 - d. how any ongoing costs related to implementation of the project will be funded.

VI. MATURITY & PROJECT READINESS:

Provide **details** regarding the project applicant's readiness to implement the proposed project:

1. Status of prior work/preliminary planning.
2. Capacity within the jurisdiction/implementing agency to implement the project.
3. Is the proposed project part of a larger project? If so, please ensure this has been addressed in the Scope of Work.
 - a. Can this project be done in different phases? YES / NO
 - b. If yes, please list the phases and provide a brief summary of each. Indicate if the City/County is planning to submit an application on any future phases.
 - c. If the project is a multi-phase project, have CDBG funds been used in an earlier phase? Please explain.
 - d. What sources of funding will be sought for future phases?
4. Ownership information, if applicable: (i.e. construction, acquisition)
 - a. Who currently holds title to the property involved?
 - b. In whom will the title be vested upon completion of the project?
 - c. Do any rights-of-way, easements, or other access rights need to be acquired? YES / NO
 - d. If "YES", when will the rights be acquired? _____
 - e. If the project requires water rights or well permits, have they been acquired? YES / NO
 - f. If "NO", when will the rights/permits be acquired?

VII. ENVIRONMENTAL REVIEW

1. What level of environmental review is required for the proposed project?
 - a. Environmental Impact Statement (EIS)
 - b. Environmental Assessment (EA)
 - c. Categorically Excluded/ Does not convert to Exempt
 - d. Categorically Excluded/Converts to Exempt
 - e. Exempt
2. At what stage in the environmental review process is the project at this time?
3. If other state or federal agencies are involved in this project and require an environmental review, provide the name and address of the agency and the name and phone number of the contact person at that agency.
4. What are the anticipated short-term and/or temporary environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures.

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5. What are the anticipated long-term and/or permanent environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures.
6. Indicate whether the proposed project involves any of the following:
 - a. Historic structure (designated or 50+ years old)
 - b. Historic or prehistoric site
 - c. Historic District
7. Will this project require or result in the involuntary displacement of any person? YES NO
8. Describe impacts, other than environmental, both positive and negative, which are expected as a result of this project. Quantify as much as possible. If necessary, include an attachment to the application.

Planning Grants Only:

1. Has a plan or study previously been conducted for the same or a similar project? YES / NO
2. If "YES", respond to the following questions:
 - a. When and by whom was the previous plan or study conducted?
 - b. What were the conclusions and recommendations?
 - c. If any of the recommendations were implemented, describe the results. If no action was taken, explain why not.
3. Will the plan contain a section detailing how to address the conclusions and implement recommendations resulting from the plan or study?
YES / NO
4. If YES, explain when the recommendations will be implemented. If no action is recommended, explain why not.
5. This proposed project is a plan or study for:
 - i. Long-term planning _____
 - ii. Short-term planning _____
 - iii. Project design _____
6. Who will be responsible for the implementation of the project?
7. How and when will implementation of the project occur?

Water System/Sewer System Projects Only:

1. If this request is for a water or sewer project, please complete the following Utility Cost Table and following questions:

	WATER SYSTEM	SEWER SYSTEM	TOTAL COSTS
Number of customers			
Average monthly residential usage			
Current rates			
Charge to connect to system			
Average monthly cost for residential customers			
Date of last rate change			
Amount of last rate change			

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2. Solid waste projects:
 - a. Current rates:
 - b. Date of last rate change:
 - c. Amount of last rate change:
3. If a fee will be charged for the services provided (other than water, sewer or solid waste disposal) in connection with the project, describe the fee structure in detail. Example: Ambulance fees).
4. Describe the efforts local government and the community has made to fund this project.
 - a. From internal sources including, but not limited to, new taxing or bonding proposals, net proceeds of mines, creation of special assessment districts, budget override votes, rate increases.
 - b. From alternative or external funding sources including, but not limited to, state sewer construction loan funds, state water project grant or loan funds, USDA-RD programs, EDA, etcetera. Attach documentation showing both the successful and unsuccessful attempts.