**CDBG Community Development Program**

**2024 APPLICATION**

*Applications are due by 4:30pm on Friday, March 22, 2024 to plannerem@mvpo.org*

**GENERAL INSTRUCTIONS**

The Commissioners will review your application along with Maumee Valley Planning Organization. Projects that receive funding from PY 2024 will begin construction in 2025 at the earliest. ***Please do not submit an application for a project that needs to occur in 2024.***

**Notice:** Please view the CDBG Guidelines to know how much funding is available for your county. Your request for CDBG funds cannot exceed the grant ceiling as indicated on the guidelines. Projects selected by the county commissioners will be submitted to the state in June of 2024. If you have questions, please contact MVPO.

***BEFORE* submitting, please check that you have included the following items:**

* Location and Service area maps
* Maximum of 5-10 photos of the project site
* Commitment letter of funding for additional dollars associated with the project
* Income Surveys and supporting documentation (when applicable)
* News Stories, Permits, Citations, and other documentation you feel could support the project

**This application along with all the required items must be submitted by the application deadline.** Please e-mail, mail or hand-deliver your community’s application.

**Submit Application By: 4:30pm on Friday, March 22, 2024**

Maumee Valley Planning Organization

1300 E. Second Street, Suite 200

Defiance, OH 43512

419-784-3882

[plannerem@mvpo.org](mailto:plannerem@mvpo.org)

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**APPLICANT INFORMATION**

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| **Community/Organization Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Contact Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Telephone Number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email Address:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PROJECT INFORMATION**

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| **Project Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Exact Location of the Project:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PROVIDE A MAP** which shows the location of the activity.

**Service Area:** What is the project service area? *Please Circle One*

Entire Municipality Immediate Area Surrounding Project Location

EX: If you are replacing a waterline on 5th street and only those residents will benefit, the service area will be “immediate area surrounding project location”. If you are replacing a water tower, the service area may be the entire municipality.

**PROVIDE A MAP** of the boundaries of the service area (i.e., Entire village/township/block group or a portion of village/township/block group).

**How does the project meet a National Objective? (Please Explain)**

To be eligible for funding under the CDBG Community Development Program, the project must meet a National Objective, which include the following:

1. The project must benefit a service area that is at least 51% low to moderate income (LMI) as determined by census data or a valid income survey; Income surveys completed prior to February 2019 are no longer valid.
2. The project must eliminate slum/blight; or

**3)** The project must benefit persons established under limited clientele

**Applications submitted that do not meet one these requirements and do not include income documentation cannot be considered for CDBG funding.**

**❑ LMI % \_\_\_\_\_\_\_\_ ❑ Slum/Blight ❑ Limited Clientele**

**PROJECT BUDGET INFORMATION**

**Project Feasibility:**

1. Do you have preliminary engineering completed? **Yes or No**

**Cost Estimate:** Attach the original cost estimate. **Must include Professional Engineers Stamp, Federal Prevailing Wage statement, and useful life statement.**

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| **Cost Estimate Prepared By:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Name:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Address:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Telephone Number:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Email Address:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

***Note:*** *Cost estimate MUST be certified and stamped by a Professional Engineer or Architect including statements referencing useful life and estimate using Federal Davis-Bacon wage rates*

**7. Additional Project Costs**: Please list any additional project costs not contained in the engineer’s estimate:

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**8. Funding Sources:** List funding sources and attach a commitment letter from each funding source.

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| **SOURCE** | **FUNDS** |
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| 1. CDBG Funds Requested | **$:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Local Contribution | **$: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **$:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **$:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTE:** *A commitment letter or grant agreement MUST be attached to the application from the community or the sources above verifying the leveraged funding.*

**PROJECT BENEFIT INFORMATION**

**Current Condition of the Project**

1. What ***year*** was the infrastructure last improved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is it still in use or has it completely failed or been abandoned? Please circle *one*.

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| Abandoned | In Use | Failed | New Construction |

1. If you project is new construction, please describe the inadequacy it is addressing.

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**Project Description:** Provide a description of the project. Consider the following…

1. What is the purpose of the project?

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1. What are the proposed improvements or scope of work?

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1. Describe how the current infrastructure affects health and/or safety of residents.

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1. How will this project increase affordability or access to service area residents?

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**Issue Mitigation**

1. Will the proposed improvements and scope of work completely mitigate the issue? **Yes or No**
2. If not, what additional steps will be taken by the community to fully address the issue?

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**Project Criticality**

1. Have there been agency cited issues or mandated improvements relating to the infrastructure or project? **Yes or No**
2. Have there been local news stories reporting on the effects of the infrastructure or project? **Yes or No**

