

**PRE-APPLICATION**

**North Dakota Planning Region III**

**CDBG-CDLF Main Street Program**

**Applications due February 7, 2020**

**­­­**

LEGAL APPLICANT

Applicant (City or County): Click or tap here to enter text.

Address, City, State, Zip: Click or tap here to enter text.

County: Click or tap here to enter text.

Local government contact person:Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Project Beneficiary/Business/Non-profit (if applicable): Click or tap here to enter text.

Person who completed application: Click or tap here to enter text.

Address, City, State, Zip: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

NATIONAL OBJECTIVE USE OF FUNDS

Benefit to Very Low & Low Income  Exterior Improvements

Elimination of Slums/Blight  Interior Improvements

Alleviation of Urgent Need  Removal of Architectural Barriers

Emergency  Other Click or tap here to enter text.

Limited Clientele

TITLE OF PROJECT AND BRIEF DESCRIPTION

Click or tap here to enter text.

PROPOSED PROJECT COSTS

a. CDBG/CDLF funds requested $Click or tap here to enter text.

b. NCPC Administration $Click or tap here to enter text.

(Local Share – Public Facilities 15%, $5,000 Min - $15,000 Max)

c. Architect/Engineering Fees (Local Share) $Click or tap here to enter text.

d. Other funds $Click or tap here to enter text.

**TOTAL PROJECT** $Click or tap here to enter text.

ANTICIPATED PROJECT START DATE: Click or tap here to enter text.

PROJECT DURATION: (Max. 18 months) Click or tap here to enter text.

*Applicant certifies that to the best of my knowledge and belief, information in this application is true and correct and the governing body of the applicant has duly authorized the document.*

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Signature Chief Elected Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

All Pre-Applications for Community Development Block Grants must be submitted to :

North Central Planning Council

PO Box 651

Devils Lake, ND 58301

**GENERAL QUESTIONS**

1. Project Description

1. Describe the problem Click or tap here to enter text.
2. Who is the owner of the property or building?

Click or tap here to enter text.

c. Describe the need to be addressed.

Click or tap here to enter text.

d. How long has the problem existed?

Click or tap here to enter text.

e. Describe why the problem requires immediate attention and whether it involves health and safety.

Click or tap here to enter text.

f. Has this problem been mandated by the court or specific local, state, or federal compliance requirements?

Click or tap here to enter text.

g. Describe the project area (citywide, countywide or target area).

Click or tap here to enter text.

h. Describe the need for CDBG funds, what they will be used for, and why the project cannot be financed locally.

Click or tap here to enter text.

i. Describe why the proposed project was selected as the solution and whether or not it will be a long-term solution to the problem.

Click or tap here to enter text.

2. Project Location & Photos

***Provide a map, which delineates the boundaries of the entire jurisdiction and identifies the location of the proposed activity. Provide photos of areas of building where renovation/improvements are needed.***

3. Program Budget - ***Submit copies of estimates with application.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Sources: | CDBG/CDLF | Local | Other | Total |
| Use of Funds: |  |  |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Project Administration  (Public Facilities 15%, $5,000 Min-$5,000 Max | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Costs** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

4. Are any of the proposed project activities within a designated floodplain area? (Applicants should consult local flood plain maps or contact the North Dakota State Water Commission.) If so, is the community participating in the National Flood Insurance Program?

Click or tap here to enter text.

5. Does any part of the project benefit church-owned property or an organization with a religious purpose or affiliation? If yes, provide an explanation. Click or tap here to enter text.

Other requirements:

* Provide a signed and completed Resolution of Sponsorship and Handicapped Access Resolution (attached).
* If the application is for a ***non-profit beneficiary*** provide the following with application:
* List of board members
* Proof of non-profit status (IRS designation)
* Certificate of Good Standing for State of ND
* **For Construction Projects:** The ND Department of Health is requiring asbestos inspections on all construction projects. As the cost of a project can be significantly impacted if asbestos is found, all construction projects *must have asbestos inspections done prior* to submitting an application and project costs should include either mitigation costs or costs for an asbestos certified contractor.
  + NCPC can provide a list of licensed asbestos companies, please contact NCPC for this list.
* For project costs over $50,000, include estimates for Architect/Engineering if CDBG funds will be used for Architect/Engineering costs. If CDBG funds *will not* be used to cover these costs include them in the Program Budget under local share.

***For North Central Planning Council Use Only***

Project Beneficiaries

1. Population from last official Census: Click here to enter text.
2. Total number of persons and families:

Persons Click or tap here to enter text. Families Click or tap here to enter text.

1. What is the total number of very low and low-income persons and families in the project area?

Persons Click or tap here to enter text. Families Click or tap here to enter text.

1. Percent of low and moderate-income persons in the project area (figures in c. divided by a.):

Persons Click or tap here to enter text. Families Click or tap here to enter text.

1. Project Area Target Population: Click or tap here to enter text.

**RESOLUTION OF SPONSORSHIP**

Sponsoring units of government must adopt and submit the following or an equivalent resolution. This resolution must be adopted prior to submission of the application.

Be it resolved that the Click or tap here to enter text. (Sponsoring Unit of Government) will act as sponsoring unit of government for the project titled Click or tap here to enter text.during the period Click or tap here to enter text.through Click or tap here to enter text.(duration dates).

Click or tap here to enter text. (Title of Authorized Official) is hereby authorized to apply to the North Dakota Division of Community Services for funding of this project on behalf of the Click or tap here to enter text.(Sponsoring Unit of Government) on Click or tap here to enter text.(Date).

I certify that the above resolution was adopted by the Click or tap here to enter text. (City Council, County Board, etc.) of the Click or tap here to enter text.(Sponsoring Unit of Government) on Click or tap here to enter text.(Date).

SIGNED: WITNESSED:

Signature Signature

Title Title

Date Date

**RESOLUTION CONCERNING HANDICAPPED ACCESS**

The sponsoring unit of government must adopt and submit the following or an equivalent resolution and submit it with the pre-application:

**Whereas** local units of government are required by law to complete or update a Section 504 Self-Evaluation in accordance with 24 CFR Part 8 “Nondiscrimination based on handicap in federally assisted programs and activities of the Department of H.U.D.”; and

**Whereas** the North Dakota Division of Community Services requires completion and submission of the Self-Evaluation before the final drawdown of project funds;

**Now Therefore Be It Resolved** that the City/County of Click or tap here to enter text. will, if awarded Community Development Block Grant or Community Development Loan funds, complete a Section 504 Self-Evaluation plan before requesting final drawdown of project funds.

I certify that the above resolution was adopted by the governing body of the City/County of Click or tap here to enter text.on Click or tap here to enter text. (date).

Signed: Witnessed:

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(Signature) (Signature)

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(Title) (Date) (Title) (Date)