

Applicant/Project : _____

DESCRIPTION *(Be specific and include total number of persons and LMI percentage):*

Local Contact:

Name _____
Mailing Address _____

Email _____

Title _____

Phone _____

Utility Contact:

Name _____
Mailing Address _____

Email _____

Title _____

Phone _____

Engineer/Architect:

Name _____
Mailing Address _____

Email _____

Title _____

Phone _____

Administrator:

Name _____
Mailing Address _____

E-mail _____

Title _____

Phone _____

Applicant/Project : _____

Go to <http://www.legislature.state.tn.us> to check for the correct Senator and Representative.

State Legislators:

Name _____
Home
Address _____

Title State Senator

Phone _____

Name _____
Home
Address _____

Title State Representative

Phone _____

Name _____
Home
Address _____

Title _____

Phone _____

Federal Legislators:

Name Bob Corker
Mailing SD-185
Address Washington, D.C. 20510

Title U.S. Senator

Phone (202) 224-3344

Name Lamar Alexander
Mailing SD-455 Dirksen Senate Office Bldg.
Address Washington, D.C. 20510

Title U.S. Senator

Phone (202) 224-4944

Name _____
Mailing _____
Address _____

Title U.S. Representative

Phone (202)

Applicant/Project : _____

HAZARD MITIGATION PLAN

Provide a copy of the applicant's most current Hazard Mitigation Plan (or corresponding plan). Please be sure to include the date of the plan's approval by FEMA.

Applicant/Project : _____

PROGRAM NARRATIVE

Provide a brief description of the project. Be specific. State the major problem that is to be solved by this project, how each proposed improvement addresses the major problem and how the problem related specifically to the February 2008 disaster events in the applicant's community. Also include any unusual features of the project. Please limit your description to five pages or less.

INSERT THE FOLLOWING ITEMS HERE:

The appropriate project area supplemental pages

Applicant/Project : _____

PROJECT BUDGET

	Total Cost	CDBG	Local	Other* _____	Other* _____
Construction <i>(Attach Detail)</i>					
Construction Inspection					
Engineering Design					
Other Engineering Services <i>(Attach Detail)</i>					
Legal Services					
Appraisals					
Acquisition					
Relocation					
Housing Rehabilitation					
Housing Inspection					
Clearance					
Project Contingency					
Administration <i>(Complete Detail of Administrative Costs Form)</i>					
Environmental Review					
Tap Fees for LMI's					
Other <i>(Attach Detail and Specify)</i>					
TOTAL	\$	\$	\$	\$	\$

* If other funding has been approved, attach a copy of the approval.

Applicant/Project : _____

DETAIL OF COSTS

OTHER ENGINEERING SERVICES

Surveys	\$ _____
Geotechnical	_____
Sewer Plant Start-up	_____
Total	\$ _____

OTHER:

How long will construction take?

Will any of the project be done using force account?* yes no.

NOTE: Approval to do force account work requires that the grant recipient must own the necessary equipment, use currently employed city forces, and obtain State approval by submitting the following information:

1. Names and engineering qualifications of personnel performing the work and their capabilities for design, supervision, planning, inspection, testing, etc. as applicable.
 2. Details of experience with projects of like or similar nature.
 3. Information on workload as it may affect capacity to do the work within time frame or work schedule.
 4. Justification for doing the work by force account rather than by contract.
 5. A complete breakdown showing: (a) the number of work hours and cost per hour for each category of labor; and (b) a list of non-salary costs such as materials, supplies, equipment, etc.
 6. Certification from the above mentioned personnel's supervisor confirming that they are full time City/County employees and have not been hired just for this project.
 7. Certification confirming the equipment to be used is owned by the City/County and that it is not rental equipment.
-

* This includes service lines and/or hookups.

DETAIL OF ADMINISTRATIVE COSTS (continued)

DETAIL OF ADMINISTRATIVE COSTS

Name of Person or Firm Providing Services _____

TASK	Projected Number of Hours	Amount
1. <u>Environmental Review Record</u>		
A. Project Not In Floodplain		
B. Project In Floodplain		
C. Project Requiring Archaeological Survey		
2. <u>Project Files</u>		
A. Set Up		
B. Monthly Maintenance/Update		
3. <u>Fair Housing/Equal Opportunity</u>		
A. Fair Housing Activity		
B. Equal Opportunity		
1. Section 3 Plan		
2. On-Site Poster Documentation		
3. Contact Female/Minority Contractor		
4. Contractor/Subcontractor Activity Report		
4. <u>Acquisition - Fee Simple</u>		
A. Identification of Properties To Be Acquired and Locating Property Owners		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Coordinating Services of Title Attorney, Surveyor and Appraisers		
D. Negotiation to Purchase and Final Sale and Closing		
5. <u>Relocation</u>		
A. Identification of Relocation Needs and Available Resources		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Identify Comparables and Maintain Records on Available Housing Market		

DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
6. Housing Rehabilitation		
A. Identification of Units and Determination of Eligibility		
B. Compilation of Case Files and Ongoing Record Keeping		
C. Solicitation of Contractors and Pre- bid Activity		
D. Release of Liens, Certification of Completion/Final Inspection		
E. Pay Requests and Record Keeping for Escrow Accounts		
F. Quarterly Performance Reports		
7. Housing Inspection		
A. Monitoring Ongoing Construction and Scheduling Inspections and Write-Ups		
B. Inspections		
C. Final Inspections		
8. Clearance		
A. Identify Properties and Contractors		
B. Bid Process for Demolition		
C. Releases and Payment to Contractor		
9. Labor Compliance		
A. Request Wage Rate		
B. 10 day Call/Memo for Files		
C. Attend Bid Opening/Prepare Minutes		
D. Notice of Contract Award/Pre- Construction Conference		
E. Coordinate and Conduct Pre- Construction Conference		
F. Prepare Minutes of Pre- Construction Conference		
G. Bid Advertisement Documentation for Files		
H. Bid Tabulation Documentation for Files		

DETAIL OF ADMINISTRATIVE COSTS (continued)

TASK	Projected Number of Hours	Amount
I. Executed Bid Document/Specs including Certifications regarding EO, Labor, and Section 3, Insurance/Bonding – Documentation for Files		
J. Contractor Recommendation Letter		
K. Contractor/Subcontractor Eligibility Verification		
L. Notice to Proceed		
M. Conduct Employee Interviews and Check Site for Posters		
N. Check Weekly Payrolls/Cross Check with Interviews		
O. Consultation with Engineer, State, Other Funding Agency		
P. Release of Liens/Certificate of Completion/Final Inspection		
<hr/>		
10. Fire Protection		
<hr/>		
A. Prepare/Submit Equipment Specifications		
B. Advertise		
C. Coordinate Bid-Tabs Approval		
D. Photograph Items Purchased		
<hr/>		
11. Financial Management		
<hr/>		
A. Authorized Signature Cards		
B. Designation of Depository		
C. Requests for Payment		
D. Payment of Invoices		
E. Posting of Accounting Records (Local Level)		
F. Budget Spreadsheets		
G. Budget Revisions		
<hr/>		
12. State Monitoring		
<hr/>		
A. First TA Visit		
B. Monitoring Visit		
C. Compliance Close-Out Visit		
D. Financial Close-Out Visit		
<hr/>		
13. Close-Out		
<hr/>		
A. Survey of Direct Beneficiaries		
B. Jobs Form		
C. Financial Report in Close-Out Package		
D. File Review		

Applicant/Project : _____

INSERT THE FOLLOWING ITEMS HERE:

Local Government Resolution

Documentation of Procurement of Professional Services

NOTE: You cannot sign a contract for administrative, engineering, or architectural services until the state has approved your selection of the administrator, engineer or architect.

Applicant/Project : _____

NATIONAL OBJECTIVE BENEFIT JUSTIFICATION

Justify your project under one of the three national objectives. If the national objective that the project addresses is benefit to low and moderate income persons, describe the area in the community or target area where low and moderate income persons live and how they would benefit from the project. Also, describe the benefit to minorities. To meet the national objective of low and moderate income, the project must benefit at least 51% low and moderate income persons. If the project is justified under slums and blight or imminent threat, the justification should address the definition of that objective used in the Important Notices.

STATE STAFF USE ONLY			
National Objective Verified	<input type="checkbox"/>		
Construction	<input type="checkbox"/>	Clearance	<input type="checkbox"/>
Acquisition	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Relocation	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
Housing Rehab	<input type="checkbox"/>	Other	<input type="checkbox"/>
Eligible Activities Verified: _____			

Tennessee Department of Economic and Community Development

INDIRECT BENEFIT FORM

Name of Grantee _____

Activity Name	Persons that the activity will serve		Minority * Served		Female Head of Household Served		Elderly Served		Disabled Served		LMI Served	
	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars	Number	Dollars

LMI Percentage _____

An indirect benefit is an activity that will benefit the entire community. It must reflect CDBG money only.
 * If an entry is made in this column, the total must match the total on the Minority Benefit Breakdown form.

Instructions to Complete Low and Moderate Income Breakdown

Grantee	Name of City/County applying for the grant
LMI	Total of the 30%, 50% and 80% on the page. Matches the number in the LMI Served on the Indirect/Direct Benefit form, also Matches the number in the DD box on the Target Area Survey Summary

Low and Moderate Income Breakdown

Grantee

LMI

30%

50%

80%

2010 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM TARGET AREA SURVEY

1. Applicant _____, Tennessee
2. Project Name _____
3. Date of Survey _____
4. Name of Resident _____
5. Address _____

(No P.O. Box #)

_____ Map # _____
(City) (County)

Check one: House is inside city limits. House is outside city limits.

6. Residence Status (check one) Owner
 Renter (Owner's Name _____)

7. Number of Persons in Household _____

8. Number of Minorities in Household _____

8a. Race

- | | |
|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native & African American/Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> African American/Black & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

9. Number of Persons with a Disability _____

10. Number of Persons 62 or Older in Age in Household _____

11. Is Head of Household Female? (check one) Yes No

12. Total Annual Household Income (complete A or B)

A. Intervals (check one)

- | | | | | | |
|-------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| Less than \$9,750 | <input type="checkbox"/> | \$24,750-\$27,249 | <input type="checkbox"/> | \$42,250-\$44,749 | <input type="checkbox"/> |
| \$ 9,750-\$12,249 | <input type="checkbox"/> | \$27,250-\$29,749 | <input type="checkbox"/> | \$44,750-\$47,249 | <input type="checkbox"/> |
| \$12,250-\$14,749 | <input type="checkbox"/> | \$29,750-\$32,249 | <input type="checkbox"/> | \$47,250-\$49,749 | <input type="checkbox"/> |
| \$14,750-\$17,249 | <input type="checkbox"/> | \$32,250-\$34,749 | <input type="checkbox"/> | \$49,750-\$52,249 | <input type="checkbox"/> |
| \$17,250-\$19,749 | <input type="checkbox"/> | \$34,750-\$37,249 | <input type="checkbox"/> | \$52,250-\$54,749 | <input type="checkbox"/> |
| \$19,750-\$22,249 | <input type="checkbox"/> | \$37,250-\$39,749 | <input type="checkbox"/> | \$54,750-\$57,249 | <input type="checkbox"/> |
| \$22,250-\$24,749 | <input type="checkbox"/> | \$39,750-\$42,249 | <input type="checkbox"/> | \$57,250 or more | <input type="checkbox"/> |

B. Exact Amount \$ _____

2010 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM TARGET AREA SURVEY

SURVEY CONTINUED ON THE BACK

Complete for water and sewer line extensions only.

13. If water/sewer service were available at a minimum monthly bill of \$ _____ and a meter deposit of \$ _____, would you be willing to hookup to the water/sewer service?
(check one) Yes No
14. If a tap fee of \$ _____ is required, would you be willing to hookup to the water/sewer service?
(check one) Yes No

Complete for water line extensions only.

15. What is your source of water?
(check one) Well Spring Other N/A
16. How many days per year are you without water?
(check one) No days without water
 1 - 90
 91 - 180
 181 - 270
 271 - 360

Instructions for Completing 2010 CDBG Target Area Survey

1. Indicate the name of the city/county applicant here. It should be on every survey.
2. The title of the project should be listed here. It should be on every survey.
3. Enter the actual date that the survey was conducted.
4. Print the full legal name of the resident(s) here. If married, put both husband and wife's first names.
5. Print the mailing address of the residence here. List the appropriate map number that corresponds with the residence's map # in space provided.
6. There must be an occupied dwelling at this address. If the project is a line extension project and the occupant is a renter, fill in the owner's name and attach another Target Area Survey for the owner.
7. Indicate the total number of people living in the house.
8. Indicate the total number of minority persons living in the house. This includes both adults and children. Also mark which race they are. (African-American, Native American, Hispanic, Asian, etc.)
9. Indicate the total number of persons with a disability.
10. Indicate the total number of people living in the house who are 62 or older.
11. Indicate if the head of household is a female.
12. Check income range the household falls within or write the exact income.
13. Enter the dollar amount of the minimum monthly bill and the amount of the meter deposit, if any. Quote these amounts to the residents and ask them if they are willing to hookup. This is **required** only for water and sewer line extension projects.
14. Enter the amount of the tap fee and ask the residents if they would be willing to pay to hook up.
15. Indicate the current source of the residence's water.
16. If the residents are without water during the year, ask them how many days that occurs.

**INSTRUCTIONS TO COMPLETE
TARGET AREA SURVEY SUMMARY FORM**

BOX

A	=	Total number of houses actually surveyed (<i>i.e., a response was obtained</i>)
B	=	Total number of LMI houses
C	=	Total number of persons in the houses surveyed (<i>in A</i>)
D	=	Total number of LMI
E-H	=	Number of persons (<i>information obtained from surveys</i>)
AA	=	Actual field count of houses in the target area
I	=	$\frac{A}{AA}$ (<i>For line extensions, this is 100%</i>)
J & JJ	=	$\frac{B}{A}$
K & KK	=	$\frac{D}{C}$ (<i>Round to one decimal place</i>)
L & LL	=	$\frac{E}{C}$
M & MM	=	$\frac{F}{C}$
N & NN	=	$\frac{G}{C}$
O & OO	=	$\frac{H}{C}$
BB	=	(JJ) x (AA)
CC	=	$\frac{(C)}{(A)}$ x (AA) (<i>Round at end only</i>)
DD	=	(CC) x (KK)
EE	=	(CC) x (LL)
FF	=	(CC) x (MM)
GG	=	(CC) x (NN)
HH	=	(CC) x (OO)

* For line extension projects, complete only A-O.

TARGET AREA SURVEY

SUMMARY

HOUSES

	Total	Response Rate	Total LMI
No.	A		B
%		I	J

PERSONS

Total	Total LMI	Total No. of Minorities	Total No. Female Head of Household	Total No. of Elderly	Disabled
C	D	E	F	G	H
	K	L	M	N	O

No.	AA		BB
%	100		JJ

CC	DD	EE	FF	GG	HH
	KK	LL	MM	NN	OO

REQUIRED RESPONSE RATES FOR **ALL** PROJECTS EXCEPT LINE EXTENSIONS WHICH REQUIRE 100% RESPONSE RATE

<u>NO OF HOUSES</u>	<u>RESPONSE RATE</u>
0 - 49	89%
50 - 99	80%
100 - 249	73%
250 - 499	55%
500 - 999	34%
1000 - 2499	24%
2500 - 4999	13%
5000 +	5%

MAP/SURVEY FORM INSTRUCTIONS

These should be completed for all system-wide projects except water systems (pressure tested).

If a column is not complete either with a number or NS, it will be assumed the house was not surveyed.

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

**MAP/SURVEY FORM INSTRUCTIONS
Water Systems (Pressure Tested)**

If a column is not complete either with a number or NS, it will be assumed the house was not surveyed.

1. All houses in the Target Area should be shown on the map and each house should have a number. The houses should be numbered 1, 2, 3, ...

Use the test results only for houses that completed a target area survey.

Vacant houses should be noted as VACANT.

Commercial establishments should be noted as COMMERCIAL.

PRELIMINARY ENGINEERING/ARCHITECTURAL REPORT

A preliminary engineering/architectural report must be inserted in the application. If the application is for water and sewer work, the engineering report must follow the guidelines established in the design criteria for water or sewer projects as provided by the Department of Environment and Conservation. Copies of the design criteria for water projects may be obtained from the Division of Water Supply. Copies of the design criteria for sewer projects may be obtained from the Division of Water Pollution Control.

If a project is submitted for work other than water and sewer, the preliminary engineering/architectural report should conform to commonly accepted engineering standards.

The plans and specifications must be stamped by a qualified professional registrant in accordance with state law.

The construction cost budget should be in the same format as a bid schedule, be estimated to a whole dollar number and match the construction amount in the project budget.

Applicant/Project : _____

HOUSING AND COMMUNITY DEVELOPMENT NEEDS

Describe your community development and housing needs as identified by your local governing body. Include the needs of low and moderate income persons, minorities and disabled persons along with a brief discussion of the activities that will be undertaken to meet such needs. Specifically, reference how this application addresses those needs and the efforts accomplished on the local level to address those needs. **Explain why this project was submitted for funding rather than other projects that might have been submitted.**

INSERT THE FOLLOWING ITEMS HERE:

1. Public meeting documentation. This must include the advertisement, minutes from the meeting, and the sign-in sheets.
2. LMI/minority concentration maps.

"AREA OF MINORITY CONCENTRATION" defined as any neighborhood in which the percentage of households in a particular racial or ethnic minority group is at least 20 points higher than their percentage for the jurisdiction as a whole; or a neighborhood in which the percentage of minorities is at least 20 points above the overall percentage of minorities in the jurisdiction. To illustrate, in a jurisdiction with 15 percent black and 85 percent white population, any neighborhood that is more than 35 (15 plus 20) percent black would be defined as an "area of minority concentration." In jurisdiction with 60 percent black and 40 percent white population, only neighborhoods that are more than 80 (60 plus 20) percent black would be classified as "areas of minority concentration."

In a jurisdiction that is 10 percent black, 30 percent Hispanic and 60 percent white, a neighborhood would be classified an "area of concentration" only if it was more than 30 percent black or more than 50 percent Hispanic. A neighborhood that is 20 percent black and 40 percent Hispanic would also be considered an "area of minority concentration," because the minority percentage is 20 points above the total overall percentage of minorities in the jurisdiction.

3. Title VI Compliance Information (See guidelines)
4. Joint Economic and Community Development Board (See questions)

Applicant/Project : _____

DISPLACEMENT PLAN FORMAT (This must be completed for all applications.)

The [jurisdiction] will replace all occupied and vacant occupiable low/moderate-income dwelling units demolished or converted to a use other than as low/moderate-income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion.

The following information must be submitted:

1. A description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate-income dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and
6. The basis for concluding that each replacement dwelling unit will remain a low/moderate-income dwelling unit for at least 10 years from the date of initial occupancy.

The [jurisdiction] will provide relocation assistance to each low/moderate-income household displaced by the demolition of housing or by the conversion of a low/moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, the [jurisdiction] will take the following steps to minimize the displacement of persons from their homes:

1. [To be completed by jurisdiction.]

TITLE VI COMPLIANCE INFORMATION FOR CDBG APPLICATIONS

1. List by name members of the municipal or county legislative organization (city council or county commission) submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
 - a. African American, not Hispanic
 - b. Hispanics
 - c. Asian or Pacific Islanders
 - d. Native American/Alaskan

2. List by name members of the municipal or county planning commission who serve the local government submitting the CDBG application. Identify which of these individuals are of the following racial classifications:
 - a. African American, not Hispanic
 - b. Hispanics
 - c. Asian or Pacific Islanders
 - d. Native American/Alaskan

3. CDBG applicants are required to hold a public meeting prior to the submission of applications to evaluate community needs, and to explain how CDBG funds may be used to address these needs. In addition to informing the public of this meeting through the local newspaper, applicants must make an effort to secure minority participation in this process. The CDBG application must contain the following information:
 - a. A description of the process that was used to secure the participation of minorities in this meeting.
 - b. The number of individuals who participated in the public meeting and the number who are of the following racial classifications:
 1. African American, not Hispanic
 2. Hispanics
 3. Asian or Pacific Islanders
 4. Native American/Alaskan

Applicant/Project : _____

JOINT ECONOMIC AND COMMUNITY DEVELOPMENT BOARD

All state grant applications administered by the Department of Economic and Community Development must include supporting documentation that the county joint economic and community development board is legally established, is composed of the minimum required members, and that the board and its executive committee have met according to state law. A copy of the interlocal agreement and certified minutes shall be the minimum acceptable documentation. Every local government applying for a state grant administered by this department must provide records that document the meetings.

Tennessee Code Annotated, Section 6-58-114(f) state the following:

(f) The board shall meet, at a minimum, four (4) times annually and the executive committee of the board shall meet at least four (4) times annually. An executive committee meeting shall be held once each calendar quarter. Minutes of all meetings of the board and the executive committee shall be documented by minutes kept and certification of attendance. Meetings of the joint economic and community development board and its executive committee are subject to the open meetings law.

“Calendar quarter” means any one of the following time periods during a given year:

January 1 through March 31, April 1 through June 30, July 1 through September 30, or October 1 through December 31.

