

SECTION IV
APPLICATION FORMS

Note: *In addition to the attached forms, each applicant must complete and submit the DCEO Standard Application found on the DCEO website at http://www.illinoisbiz.biz/dceo/Bureaus/Community_Development/Grants/CDAP.htm*

PART A
PROJECT INFORMATION

SAMPLE

Letter of Transmittal

Illinois Department of Commerce
and Economic Opportunity
620 East Adams Street
Springfield, Illinois 62701

Dear Director:

The (name of local government) is submitting an application for a planning assistance grant under the Community Development Assistance Program (CDAP) for a _____ project. The grant request is in the amount of \$_____ to be used to (use of funds). The benefit to low-to-moderate income individuals is _____%.

Very truly yours,

(Signature of Chief Elected Official)
(or designee)

**DESIGN ENGINEERING
CDAP SUBMISSION CHECKLIST AND TABLE OF CONTENTS**

All CDAP applications will be screened for completeness. Applicants must complete and submit this checklist with the application. **All pages of the application must be sequentially numbered.** Use the right-hand column, labeled "Page Number" to indicate the page for each item.

- _____ One Original and two copies of the application (*indicate the "original" on the cover*)
- _____ Two copies of completed CDAP Plan or Preliminary Engineering Report
- _____ One Annual Audit of the Local Government (*Under separate cover*) **OR**
- _____ One Annual Audit of Water District or Company or Sanitary District, if applicable

PROJECT INFORMATION

PAGE NUMBER

- | | |
|---|-------|
| _____ Letter of Transmittal from Chief Elected Official | _____ |
| _____ Completed Submission Checklist/Table of Contents | _____ |
| _____ CDAP Applicant Project Information | _____ |
| _____ Problem Statement/Project Strategy | _____ |
| _____ Project Maps | _____ |
| _____ Project Budget | _____ |
| _____ Project Readiness | _____ |
| _____ List of Previous CDAP Grants | _____ |
| _____ Analysis of Low-to-Moderate Benefit | _____ |
| _____ Low-to-Moderate Income Survey Summary, if applicable | _____ |
| _____ Income Survey Worksheets and Income Survey approval letter, if applicable | _____ |
| _____ Income Survey Map, if applicable | _____ |
| _____ DCEO Approval and Request to Conduct Random Sample Survey, if applicable | _____ |
| _____ Minority Benefit/Affirmative Housing Statement | _____ |
| _____ Administrative Budget Detail | _____ |
| _____ CDAP Financial Checklist | _____ |

DOCUMENTATION, CERTIFICATIONS, RESOLUTIONS

- | | |
|--|-------|
| _____ Council Resolution of Support | _____ |
| _____ Citizen Participation/Public Hearings - 7 day notice, newspaper clipping,
publisher's certification, certified minutes, attendance sheet(s) | _____ |
| _____ Local Government Certifications | _____ |
| _____ Applicant/Grantee/Recipient Disclosure Certification | _____ |
| _____ Intergovernmental Cooperation Agreement, if applicable | _____ |

ATTACHMENTS

- | | |
|---|-------|
| _____ Council resolution committing local government funds, if applicable | _____ |
| _____ Firm letters of commitment from other leveraging sources, if applicable | _____ |
| _____ Copy of Option to Purchase (if applicable) | _____ |
| _____ DUNS number | _____ |
| _____ CCR Registration | _____ |
| _____ 147C Letter | _____ |

CDAP APPLICANT PROJECT INFORMATION

TYPE OF CDAP REQUESTED: Design Engineering

I. GENERAL INFORMATION

(Information in this section applies only to the governmental entity. DO NOT include the name/address of the administrator.)

APPLICANT TYPE: City County Village Town Township

APPLICANT NAME (Entity): _____ POPULATION (from most recent U.S. Census) _____

BUSINESS ADDRESS:

Street Address _____ P.O. Box _____

City _____ (required) State _____ Zip Code _____ E-Mail _____

(include + 4) _____ (required)

PHONE: _____ Fiscal Year ending date _____ (required)

APPLICANT FEIN NUMBER: _____ (required) APPLICANT DUNS NUMBER _____ (required)

CHIEF ELECTED OFFICIAL: _____ TITLE: _____

EXPIRATION DATE OF CURRENT TERM: _____ PHONE: _____

II. GEOGRAPHICAL PROJECT INFORMATION

This information is required for the **project benefit area**, not necessarily the applicant.

COUNTY: _____ TOWNSHIP (OR PRECINCT NAME/NUMBER): _____

CENSUS TRACT(S): _____ ZIP CODE FOR PROJECT BENEFIT AREA: _____

STATE SENATE DISTRICT(S): _____ STATE HOUSE DISTRICT(S): _____

U.S. CONGRESSIONAL DISTRICT(S): _____

III. PROJECT INFORMATION

AMOUNT OF CDAP FUNDING REQUESTED \$ _____ (Whole Dollars ONLY)

TOTAL AMOUNT OF LEVERAGE \$ _____

TOTAL COST OF PROJECT \$ _____

- LEVERAGE SOURCE:
- LOCAL (see local council resolution)
 - USDA Rural Development
 - IEPA IHDA
 - BANK PRIVATE
 - IRBB OTHER _____

PROJECT DESCRIPTION: _____

NAME OF ENTITY THIS APPLICATION IS IN SUPPORT OF: _____

IV. PROJECT BENEFIT INFORMATION

Provide the following information for Public Infrastructure, Rural Water Set-Aside, and Public Infrastructure Set-Aside projects:

TOTAL NUMBER OF PERSONS SERVED	TOTAL NUMBER OF LMI PERSONS SERVED	<u>PERCENT BENEFIT</u> TO LMI PERSONS
_____	_____	_____

Number of persons by specific ethnic group benefiting from the project.

Ethnic Category	Total Persons	# Also Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

of female headed households? _____

V. GRANT ADMINISTRATOR (or CITY ADMINISTRATOR)

(If not using an administrative agency, please complete for Local Government Contact.)

AGENCY TYPE: Private Firm Regional Planning Commission Government Agency Applicant

AGENCY CONTACT PERSON: _____ TITLE: _____

AGENCY ADDRESS AND PHONE NUMBER:

Legal Name of Agency _____

Street Address _____ (required) P.O. Box _____ (Only if no street address)

City _____ State _____ Zip Code _____ E-Mail _____ (include + 4) (required)

BUSINESS PHONE: (_____) _____ FAX PHONE: (_____) _____

ADMINISTRATIVE AGENCY FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____ (required)

How was the grant administrator procured?

- Local government staff
- Regional Planning Commission dues
- Used this person on past grant application
- Bid out – RFP
- Other _____

VII. PROJECT ENGINEER

NAME: _____ TITLE: _____

Legal Name of Agency _____

Street Address _____ (required) P.O. Box _____ (Only if no street address)

City _____ State _____ Zip Code _____ E-Mail _____ (include + 4) (required)

BUSINESS PHONE: (_____) _____ FAX PHONE: (_____) _____

PROJECT ENGINEER FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____ (required)

GRANTEE CERTIFICATE: To the best of my knowledge and belief, the information and data provided are true and correct. I realize that regardless of the elections made, we the grantee, are responsible to ensure compliance with all provisions of the grant agreement and to respond to official correspondence/notifications as required within allowable times. Further, I understand that the submission of changes to the information certified above is a grantee responsibility and that DCEO will use information from the latest certification on file based on the date of signature. I have full signature authority to sign on behalf of this grantee.

Signature - Chief Elected Official

Date

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Ill. Comp. Statutes, 20 ILCS 605/46.1. Disclosure of this information is VOLUNTARY. No penalties attach for failure to respond. This form has been approved by the State Forms Management Center.

PROBLEM STATEMENT/PROJECT STRATEGY

Provide a concise statement of the problem to be addressed by the proposed project. This narrative should at a minimum, address the following key issues, which are the main elements of the ranking criteria listed on pages 14 - 17 of this guidebook:

- ◆ the specific problem the application seeks to address and the cause of the problem;
- ◆ who is most affected by the problem and how severely;
- ◆ when the problem first became apparent and what the long-term consequences are if no action is taken; and
- ◆ what local efforts have taken place to resolve the problem and why they have been inadequate.
- ◆ how the proposed strategy will lead to completion of the design activity

PROJECT MAPS

1. A project location map shall be included in the application. It is expected to be sufficiently detailed to show the following information: 1) specific boundaries of the target area; 2) all integral components of the system being improved or constructed, including water tower, well, pump stations, existing water/sewer mains, proposed water/sewer mains, etc.; 4) railroads, highways, interstates, towns/cities/villages (rural projects), county lines, and corporate limits.
The project map must be suitable for reproduction and shall not exceed the page size of 11 x 17 inches. (Applicants may also submit blueprints or larger project maps as a supplement to their submission, if they deem necessary in order to show project details sufficiently.)
2. An income survey map (If applicant is NOT using census data) **must** be included in the application. The survey map should detail all households in the project area indicating “higher” income, “lower” income, vacant, no response or other.

PROJECT BUDGET

Design Engineering

Identify final design engineering activities showing estimates of hours and items contracted for with outside entities (e.g., aerial photos/maps). Design Engineering costs should be based on actual design costs, but **must not exceed 10% of the estimated construction costs (easements, permits, and legal expenses need not be included in the 10% construction costs)**. Easements should be detailed as a separate item showing estimated number of easements, not to exceed \$150 per easement.

Budget	Amount	CDAP	Leverage (By source)
1. Design Costs			
2. Easements			
3. General Administration			
TOTAL	\$	\$	\$

PROJECT READINESS

Each application must demonstrate that an achievable project has been developed, which demonstrates the ability to begin construction within two years. The application must address the following issues:

- ◆ a detailed report sufficiently describing the scope of the problem, options considered for addressing the project and justification for the option selected;
- ◆ a project schedule;
- ◆ a description of any construction impediments;
- ◆ documentation of necessary financial commitments
- ◆ preliminary engineering report, including cost estimates
- ◆ documentation of option to purchase, if applicable;
- ◆ completed CDAP plan

LIST OF PREVIOUS CDAP GRANTS

Has the unit of local government submitting this application received previous CDAP grants?

Yes

No

If yes, please include the following information for all grants received:

CDAP Grant Number	Amount	Project Description	Status of Project

If this funding request is related to, or an extension of a previously funded CDAP project, please explain.

If this application is related to other applications that are being submitted under this competitive cycle, please list the applicant(s) and explain the relationship to this project.

ANALYSIS OF BENEFIT TO LOW-TO-MODERATE INCOME PERSONS

Activity*	Total # of Persons Activity Will Serve	# of Low - Moderate Income Persons Activity Will Serve	% of Persons Served who have Low - Moderate Income	Amount of CDAP Funds Requested for the Activity	Amount of CDAP Funds to Benefit Low - Moderate Income Persons

Methodology

Please check the appropriate box below. (Refer to Section II, Part A, for instructions.)

1. 2000 Census Data: Applicants must request this information from DCEO prior to application preparation.
2. All (100%) of Community/Target Area Survey: The entire (100%) population of the community or target area must be surveyed with a minimum 75% usable survey response rate.
3. Random Sample Survey: Applicants must receive prior written approval from DCEO to conduct a random sample survey. A copy of the letter of approval from DCEO should be included in the application.

* Each major activity should be detailed separately when the number of persons benefiting varies from activity to activity. For example: water tower construction and water main replacement in a targeted area should be detailed as two separate activities, because they benefit differing numbers of persons. Low-to-moderate income hook-ups would be another example of an activity that should be detailed separately.

LOW-TO-MODERATE INCOME SURVEY

SUMMARY

This summary form must be completed by all applicants undertaking an income survey to determine low-to-moderate income (LMI) benefit. Include the appropriate Survey Worksheets.

Applicants must request prior DCEO approval to reuse an income survey. Attach a copy of DCEO's approval letter and recalculated worksheet to the application.

Applicants must obtain written DCEO approval to conduct a random sample survey prior to conducting the survey. Attach a copy of DCEO's approval letter to the application.

1. Date(s) Survey Data Collected: _____
2. Survey Type: All (100%) of Community Random Sample of Community
 All (100%) of Target Area Random Sample of Target Area
3. If previously conducted and approved, are the completed survey questionnaires on file with the applicant?
 Yes No
If "No", please explain: _____

All completed survey forms must be submitted with the application for inspection during the application review process, unless previously reviewed and approved by DCEO.

4. If a random sample survey was conducted, respondents must be identified (e.g., address, block, census tract, or other pre-identified method) for documentation. What was the pre-identified method?

5. Did you follow the methodology proposed in your request to DCEO? Yes No
If no, please explain any deviations: _____

6. Indicate who conducted the Survey: _____

Attach a copy of your letter requesting approval to conduct a random sample survey and the department's response.

Applicant: _____

Date(s) survey conducted: _____

Survey Type: All (100%) of Community Random Sample of Community
 All (100%) of Target Area Random Sample of Target Area

INCOME SURVEY
WORKSHEET TO CALCULATE LOW-TO-MODERATE INCOME (LMI) PERCENTAGE
USING SECTION 8 INCOME GUIDELINES

This form is to be used for all income surveys.

**FOR
DCEO
USE ONLY**

PART A. INFORMATION CONTAINED IN YOUR SURVEY

- | | | |
|---|----------|-------|
| 1. Enter the established total number of households in the target area. | 1. _____ | _____ |
| 2. Enter the total number of households interviewed (valid responses). | 2. _____ | _____ |
| 3. Enter the total number of low-to-moderate income households interviewed. | 3. _____ | _____ |
| 4. Enter the total number of persons living in the low-to-moderate income households interviewed. | 4. _____ | _____ |
| 5. Enter the total number of households interviewed in which the income was above the low-to-moderate income level. | 5. _____ | _____ |
| 6. Enter the total number of persons living in the households in which the income was above the low-to-moderate income level. | 6. _____ | _____ |

PART B. CALCULATIONS BASED ON DATA CONTAINED IN SURVEY

- | | | |
|--|-----------|-------|
| 7. If a community-wide/target-area wide survey was conducted, divide line 2 by line 1. (This is the survey response rate. It should equal or exceed 75.0 percent.) | 7. _____ | _____ |
| 8. Divide Line 4 by Line 3. (This is the average size of the LMI households you interviewed.) | 8. _____ | _____ |
| 9. Divide Line 6 by Line 5. (This is the average size of the non-LMI households you interviewed.) | 9. _____ | _____ |
| 10. Divide Line 3 by Line 2. (This is the proportion of households interviewed that have low-to-moderate incomes.) | 10. _____ | _____ |
| 11. Divide Line 5 by Line 2. (This is the proportion of households interviewed that do not have low-to-moderate incomes.) | 11. _____ | _____ |
| 12. Multiply Line 1 by Line 10. (This is the estimate of the total number of LMI households in your target area.) | 12. _____ | _____ |

**FOR
DCEO
USE ONLY**

- | | | |
|--|-----------|-------|
| 13. Multiple Line 1 by Line 11. (This is the estimate of the total number of non-LMI households in your target area.) | 13. _____ | _____ |
| 14. Multiply Line 8 by Line 12. (This is the estimate of the total number of LMI persons in your target area.) | 14. _____ | _____ |
| 15. Multiply Line 9 by Line 13. (This is the estimate of the total number of non-LMI persons in your target area.) | 15. _____ | _____ |
| 16. Add Line 14 and Line 15. (This is the estimate of the total number of persons in your target area.) | 16. _____ | _____ |
| 17. Divide Line 14 by Line 16, and multiply the resulting decimal by 100. (This is the estimated percentage of persons in your target area that have low-to-moderate incomes.) | 17. _____ | _____ |

PART C. INSTRUCTIONS AND EXPLANATIONS

1. Round all numbers two decimal points (X.XX).
2. The number that goes on Line 1 is something you needed to know before beginning your survey. In the course of your survey, you may have refined your estimate. On Line 1, you should enter your current best estimate of the total number of households in the area.
3. For the number of households interviewed, you actually want the total number of interviews with complete and accurate information on the income and size of households questioned.
4. When you are completing Part A, be sure that the answers are logical. For example, the number on Line 4 cannot be smaller than the number on Line 3 (because every household must have at least one person.) Similarly, the number on Line 6 cannot be less than the number on Line 5. Also note that the number on Line 3 plus the number on Line 5 should equal the number on Line 2 -- every household is either low-to-moderate or it is not.
5. Some examples for Part B. For purposes of illustration, assume that you estimated that the target area contained 650 households (Line 1). Assume that you conducted a random sample survey and interviewed 250 households (Line 2), of whom 130 had low-to-moderate incomes (Line 3). These low-to-moderate income households contained 450 persons (Line 4). The 120 households with incomes over the low-to-moderate incomes (Line 5) contained 400 persons (Line 6.). You would complete Part B as follows:

Line 8	If the households you interview contained 450 low-to-moderate persons in 130 households, the number on Line 8 would be about 3.46 (450/130).
Line 9	If the households you interviewed contained 400 non low-to-moderate persons in 120 households, the number on Line 9 would be about 3.33 (400/120).
Line 10	If you interviewed a total of 250 households, 130 of which had low-to-moderate incomes, the number on Line 10 would be about .52 (130/250)

- Line 11 If 120 of the 250 households interviewed did not have low-to-moderate incomes, the number on line 11 would be about .48 (120/250)
- Line 12 If your target area contained an estimated 650 households, and you interviewed 250, of which 130 had low-to-moderate incomes, the number on Line 12 would be about 338 (650 X .52).
- Line 13 Continuing with the example, Line 13 would be about 312 (650 X .48).
- Line 14 3.46 persons per LMI household times 338 LMI households -- Line 14 would be about 1,169.
- Line 15 3.33 persons per non-LMI household times 312 non-LMI households -- Line 15 would be about 1,039.
- Line 16 Total LMI persons (1,169) plus total non-LMI persons (1,039) -- Line 16 would be about 2,208 estimated total persons.
- Line 17 1,169 LMI persons divided by 2,208 total people's yields about .5294. Multiplied by 100, this gives an estimate that 52.94 percent of the residents have low-to-moderate incomes.

NOTE: If the project benefit area includes a nursing home, for purposes of the income survey, a letter from the nursing home administrator may be obtained as documentation in lieu of surveying the nursing home residents individually. The letter must verify that the facility meets the HUD definition of a nursing home by having shared kitchen and dining facilities and must indicate the number of residents. All of the residents of nursing homes are considered by HUD to be low income and would, therefore, be included in the survey results beginning on Line 14. Please make a notation on your worksheet that this is being done. Retirement apartments, where residents have their own kitchens and dining areas, are not "nursing homes" and should be surveyed individually.

INCOME SURVEY COVER SHEET

State of Illinois
Community Development Assistance Program

COMMUNITY DEVELOPMENT SURVEY

Name of Community _____

Date _____

Interviewer's Name _____

Respondent's Street Address (required):

Structure Number

Street Name

Introduction: Hello, I'm _____ and I'm conducting a survey for the City/Village of _____. We're collecting information needed to complete an application for a community development grant. What you say will be kept strictly confidential in accordance with the Privacy Act of 1974 (Public Law 93-579). Your answers are very important to our community improvement effort.

COMMUNITY DEVELOPMENT ASSISTANCE PROGRAM INCOME SURVEY

Community: _____ Identifier Code: _____

(or address)

MINORITY BENEFIT DETERMINATION

To help determine the ethnic population of your locality or targeted area, please indicate the number of persons in the household in each appropriate category:

Ethnic Category	Total Persons	# Also Hispanic
White		
Black/ African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

1. How many people are living in the house? _____
2. Check here if female headed household () _____
3. How many people are over 62 years old? _____
4. How many persons with physical or developmental disabilities are there in your household: _____
5. Do you own your own home? _____ Or rent? _____

Insert County Name _____

Number of Persons in Family /Household	Annual Income Limit 30% of median (A)	Annual Income Limit 50% of median (B)	Annual Income Limit 80% of median (C)
1			
2			
3			
4			
5			
6			
7			
8			

Based on the number of persons in your household, check whether your income is:
lower than col. A____, col. B____, col. C____ **OR** is it **higher** than col. C ____

MINORITY BENEFIT/AFFIRMATIVE HOUSING STATEMENT

<p>a. What is the percentage of the minority group(s) population residing in the community?</p>	%	
<p>What is the percentage of the minority group(s) population residing in the proposed project ("targeted") area?</p>	%	
<p>Identify the characteristics of the population of the project (targeted) area by specific ethnic group. This information may be obtained from 1990 Census data ("Summary of Population and Housing Characteristics CPH 1-15 Table 3") or from the income survey if a survey was conducted. (If survey data is being used, and less than a 100% response rate was received, extrapolated data should be used, rounding fractions to whole numbers)</p>		
Ethnic Category	Total Persons	# Also Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African		
Other Individuals Reporting more than One Race		
Number of Female-Headed Households		
<p>With the <u>exception</u> of "Female Heads of Households", the above numbers should equal the total number of persons to benefit from the project ("targeted" area).</p>		
<p>b. What is the goal for the percentage of CDAP funded contracts to be awarded to minority contractors?</p>	%	
<p>c. If the percentage goal in <i>b</i> is <u>substantially less</u> than the percentage of minorities residing in the community, please explain.</p> <p>_____</p> <p>_____</p>		
<p>d. If funded, the applicant agrees to affirmatively further fair housing by posting Fair Housing Posters and by making HUD Fair Housing Complaint Forms available to the public.</p> <p>In addition, the Department <u>recommends</u> that the unit of local government pass a fair housing ordinance. Please check one below:</p> <p><input type="checkbox"/> We already have a Fair Housing Ordinance on file. (Indicate Number and Date Passed _____)</p> <p><input type="checkbox"/> If funded, we will pass a Fair Housing Ordinance</p> <p><input type="checkbox"/> We do not plan to pass a Fair Housing Ordinance at this time.</p>		
<p>Signature of Chief Elected Official: _____</p>		

CDAP DESIGN ENGINEERING FINANCIAL CHECKLIST

Please provide the following information relative to the project for which CDAP funds are being requested:

- a. Total Project Cost: \$ _____
- b. CDAP Grant Requested: \$ _____
- c. Total # of Persons Served: \$ _____
- d. Monthly charge for 5,000 gallons of water and 5,000 gallons of sewage treatment:
Water Charge: \$ _____/5,000 gallons
Sewer Charge: \$ _____/5,000 gallons

If actual rates are not available, please provide PROJECTED rates.
(If water/sewer billed in cubic feet, provide the cost based upon 669 cubic feet.)

Provide dates of most recent rate changes:

Most recent water rate change: ____/____/____

Most recent sewer rate change: ____/____/____

- e. Equalized assessed valuation for 2010: \$ _____
- f. Municipal government tax rate in 2010: _____
(collectible in 2011)
- g. Aggregate tax rate for all local taxing bodies (e.g., county, township, school district) in 2010: [Add total tax rate of each unit of local government levying property taxes within the project area (county, township, etc.)]

(collectible in 2011)

h. Population According to Most recent Census Population: _____

i. Current number of Water and Sewer Accounts:

Total Water Accounts: _____ Total Sewer Accounts: _____

Residential Water Accounts: _____ Residential Sewer Accounts: _____

(Provide both figures even though your application applies to only one).

For new systems:

Estimated amount of new residential water accounts: _____

Estimated amount of new residential sewer account: _____

Number of Customers Outside Corporate limits: _____

Number of Residential Customers Outside Corporate limits: _____

PART B

DOCUMENTATION, CERTIFICATIONS AND RESOLUTIONS

(SAMPLE)
PUBLIC HEARING NOTICE

On or about (date), (Applicant) intends to apply to the Illinois Department of Commerce and Economic Opportunity for a grant from the State Community Development Block Grant (CDBG) program. This program is funded by Title I of the federal Housing and Community Development Act of 1974, as amended. These funds are to be used for a community development project that will include the following activities: (summary of proposed project). The total amount of CDBG funds to be requested is \$. The amount of CDBG funds proposed to be used for activities that will benefit low- and moderate-income persons is \$(amount of CFF funds requested x percentage of low- to moderate-income residents). The Applicant also proposes to expend an estimated \$ in non-CDBG funds on the project. These non-CDBG funds will be derived from the following sources: (source and amount).

(Applicant) will hold a public hearing on (date), at (time), in (place) to provide interested parties an opportunity to express their views on the proposed federally funded CDBG project. Persons with disabilities or non-English speaking persons who wish to attend the public hearing and need assistance should contact (name, address, and phone #) not later than (date). Every effort will be made to make reasonable accommodations for these persons.

Information related to this project will be available for review prior to the public hearing as of (date) at the office the (Applicant) located at (address) between the hours of (office hours). Interested citizens are invited to provide comments regarding these issues either at the public hearing or by prior written statement. Written comments should be submitted to (name and address) no later than (date) in order to ensure placement of such comments in the official record of the public hearing proceedings. A plan to minimize displacement and provide assistance to those displaced has been prepared by (Applicant) and is also available to the public. This project will result in (no displacement of any persons or businesses – or – displacement of the following persons and businesses [name and address]). For additional information concerning the proposed project, please contact (person – telephone – office hours and days) or write to (person – address).

SAMPLE

COUNCIL RESOLUTION OF SUPPORT

Resolution No. _____

WHEREAS, the (unit of local government) _____, is applying to the State of Illinois for a Community Development Assistance Program grant, and

WHEREAS, it is necessary that an application be made and agreements entered into with the State of Illinois.

NOW, THEREFORE, BE IT RESOLVED as follows:

- 1) that the (unit of local government) apply for a grant under the terms and conditions of the State of Illinois and shall enter into and agree to the understandings and assurances contained in said application.
- 2) that the Mayor (County Board Chairman) and City Clerk (County Clerk) on behalf of the City (County) execute such documents and all other documents necessary for the carrying out of said application.
- 3) that the Mayor (County Board Chairman) and City Clerk (County Clerk) are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.

Passed this _____ day of _____, _____. (date required)

(SEAL)

ATTEST: _____
City Clerk (County Clerk)

Mayor (County Board Chairman)

SAMPLE

RESOLUTION COMMITTING LOCAL FUNDS

Resolution No. _____

WHEREAS, the City Council (County Board) of the City (County) of _____, Illinois has taken action to submit an Illinois Community Development Assistance Program (CDAP) planning assistance application,

WHEREAS, receipt of CDAP grant assistance is essential to allow the City (County) of _____ to undertake the project to _____,
(project description)

WHEREAS, criteria of CDAP are such that financial participation by the grantee is required in conjunction with CDAP funds, and

WHEREAS, the City (County) of _____ has certain monies allocated for the above-referenced project with cash on hand, as needed.

NOW, THEREFORE, BE IT RESOLVED THAT the City (County) of _____ does hereby commit funds from _____ **(account/fund)** _____ for use in conjunction with an Illinois Community Development Assistance Program grant, such funds to equal _____% of the estimated total project cost of \$_____, or \$_____.

PASSED and APPROVED at its regular (special) City Council (County Board) Meeting, held on the _____ day of _____, _____.

Mayor (County Board Chairman)

ATTEST:

City Clerk (County Clerk)

SAMPLE

RESOLUTION OF SUPPORT AND COMMITMENT OF FUNDS

WHEREAS, the City (County) of _____, is applying to the State of Illinois for a Community Development Assistance Program (CDAP) grant,

WHEREAS, it is necessary that an application be made and agreements be entered into with the State of Illinois, and

WHEREAS, criteria of CDAP are such that financial participation by the grantee is required in conjunction with CDAP funds.

NOW, THEREFORE, BE IT RESOLVED as follows:

- 1) that the City (County) apply for a grant under the terms and conditions of the State of Illinois and shall enter into and agree to the understandings and assurances contained in said application.
- 2) that the Mayor (County Board Chairman) and City Clerk (County Clerk) on behalf of the City (County) execute such documents and all other documents necessary for the carrying out of said application.
- 3) that the Mayor (County Board Chairman) and City Clerk (County Clerk) are authorized to provide such additional information as may be required to accomplish the obtaining of such grant.
- 4) that the City (County) of _____ does hereby commit funds from _____ **(account/fund)** _____ for use in conjunction with an Illinois Community Development Assistance Program grant, such funds to equal _____% of the estimated total project cost of \$ _____, or \$ _____.

Passed this _____ day of _____, _____ (date required)

Mayor (County Board Chairman)

ATTEST:

City Clerk (County Clerk)

LOCAL GOVERNMENT CERTIFICATIONS

On this (date) of (month), (year), the (title and name of the Chief Elected Official) of (name of the local government) hereby certifies to the Department of Commerce and Economic Opportunity in regard to an application and award of funds through the Community Development Assistance Program:

1. It will comply with the National Environmental Policy Act (NEPA) with the submission of this application and it further certifies that no aspect of the project for assistance has or shall commence prior to the award of funds to the community and the receipt of an environmental clearance.
2. It will comply with the Interagency Wetland Policy Act of 1989 including the development of a plan to minimize adverse impacts on wetlands, or providing written evidence that the proposed project will not have an adverse impact on a wetland.
3. It will comply with the Illinois Endangered Species Protection Act and the Illinois Natural Area Preservation Act by completing the consultation process with the Endangered Species Consultation Program of the Illinois Department of Natural Resources, or providing written evidence that the proposed project is exempt.
4. It will identify and document all appropriate permits necessary to the proposed project, including, but not limited to: building, construction, zoning, subdivision, IEPA and IDOT.
5. No legal actions are underway or being contemplated that would significantly impact the capacity of the (name of local government) to effectively administer the program, and to fulfill the requirements of the CDAP program.
6. It will coordinate with the County Soil and Water Conservation District regarding standards for surface and sub-surface (tile) drainage restoration and erosion control in the fulfillment of any project utilizing CDAP funds and involving construction.
7. It is understood that the obligation of the State will cease immediately without penalty of further payment being required if in any fiscal year the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this agreement.
8. It acknowledges the applicability of Davis-Bacon prevailing wage rate requirements to construction projects; a request for wage rate determination will be submitted prior to commencement of any construction or equipment installation; and, it shall discuss these requirements with the contractor.
9. It will comply with Section 3 of the Housing and Urban Development Act of 1968 to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing federal, state, and local laws and regulations, be directed to low and very low income persons and businesses.
10. It certifies that no occupied or vacant occupiable low-to-moderate income dwellings will be demolished or converted to a use other than low-to-moderate income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.
11. It will conduct a Section 504 self-evaluation of its policies and practices to determine whether its employment opportunities and services are accessible to persons with disabilities.
12. Specify whether any of the project activities/area is in a flood plain. Yes ____ No ____
If yes, does it participate in the National Flood Insurance Program? Yes ____ No ____
If no, provide an explanation as to why it does not participate: _____

Signature of Chief Elected Official

Date

APPLICANT/GRANTEE/RECIPIENT DISCLOSURE CERTIFICATION INSTRUCTIONS

Section 102 of the HUD Reform Act of 1989 contains a number of provisions to ensure greater accountability and integrity in the way the U.S. Department of Housing and Urban Development (HUD) and its grantees make certain types of assistance available. The CDAP Program is one of the HUD programs partially covered by Section 102.

A unit of local government applying for a CDAP grant (regardless of the program component), as well as the recipient of the grant must make certain disclosures. These disclosures are only necessary if the aggregate amount of previously awarded CDAP grants, CDAP grant applications currently pending review, and proposed CDAP grants is in excess of \$200,000 for the current program year. This funding threshold determines the extent of the information which must be disclosed.

Disclosure Information Required

1. Other Government Assistance is defined as any loan, grant, guarantee, subsidy, tax benefit, credit, etc., from the federal government, state or unit of local government which is expected to be made available with respect to the project for which the assistance is sought.
2. Interested Parties is defined as follows.
 - a. The name of any developer, contractor or consultant involved in the application for assistance or in the planning, development or implementation of the project or activity.
 - b. The name of any other person who has a financial interest in the project in excess of \$50,000 or 10 percent of the assistance, whichever is less. If the person referred to is an entity, then disclosure must include an identification of each officer, director and stockholder.

A financial interest means any financial involvement in the project or activity including, but not limited to, situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not by itself considered a covered financial interest.

3. Sources and Uses of Funds is defined as the gross amount of funds to be made available for the project from both governmental and non-governmental sources and private capital resulting from tax benefits and the expected uses for those funds.

Who Must Complete the Disclosure Certification

Parts I and II of the Applicant/Grantee/Recipient Disclosure Certification must be completed by every unit of local government applying for CDAP funds and submitted as part of the application package. If the funding threshold of \$200,000 is met, then Parts III through V of the Disclosure Certification as they pertain to this grant application must also be completed. It is important that the information be as complete and concise as possible. An **applicant** is defined as any unit of local government applying for CDAP funds. The **grantee** is any unit of local government which has been awarded a grant. The **recipient** is defined as the receiver of the grant funds from the local government and refers to the economic development component only. An example is a city receives a grant to loan to a company for machinery and equipment acquisition. The company is the recipient.

Updating the Disclosure Certification

During the period in which an application is pending or the period in which the assistance is being provided, the Disclosure Certification must be updated if the following actions occur. Updated reports must be submitted within 30 days of the change requiring the update.

1. Omitted Information - The application was submitted and the applicant failed to disclose the information as required.
2. Change in Disclosure Threshold - Information subject to disclosure arose after the time for making disclosures, i.e., an interested party who did not previously have a pecuniary interest at the time of application, now meets or exceeds the \$50,000 or 10 percent of assistance threshold.
3. Change to Previously Disclosed Information - Changes must be submitted when any of the following criteria are met:
 - a. Changes in "Other Government Assistance" that exceeds the amount of such assistance that was previously disclosed by \$250,000 or 10 percent of the assistance, whichever is lower;
 - b. Changes in the amount of the pecuniary interest of a person exceeds the amount of the previously disclosed interests by \$50,000 or by 10 percent of such interests, whichever is lower;
 - c. Changes in the source of funds that exceeds the amount of all previously disclosed sources of funds by \$250,000 or 10 percent of those sources, whichever is lower; and
 - d. Changes in the uses of funds that exceeds the amount of all previously disclosed uses of funds by \$250,000 or by 10 percent of those uses, whichever is lower.

APPLICANT/GRANTEE/RECIPIENT DISCLOSURE CERTIFICATION

See attached instructions.

PART I. APPLICANT/GRANTEE/RECIPIENT INFORMATION	
Indicate whether this is an Initial Report _____ or an Update Report _____	
A. Applicant/Grantee Name, Address and Telephone (include area code)	
B. Recipient Name, Address and Telephone (include area code) (for economic development component only)	
C. Project Location Address	
D. Type of Assistance Requested/Provided	Amount of Assistance Requested/Provided
PART II. THRESHOLD DETERMINATION (Applicant/Grantee only)	
<p>Have you received, or can you reasonably expect to receive (including this grant application), an aggregate amount of CDAP funds in excess of \$200,000 for the time period January 1, 2011, to December 31, 2011 Yes _____ No _____</p> <p>If "yes," Parts III through V must also be completed.</p> <p>All applicants must certify that the information provided is true by signing below.</p>	
Printed Name of Applicant/Grantee/Recipient	Signature of Authorized Official
Date	Printed Name and Title of Authorized Official

Applicant/Grantee/Recipient Disclosure Certification (continued)

PART III. OTHER GOVERNMENT ASSISTANCE

Federal Department/State/Local			Amount
Agency Name & Address	Program	Type	Requested/Provided

PART IV. INTERESTED PARTIES

List of all persons with a Reportable Financial Interest	Type of Participation	Financial Interest in Project (\$ and %)
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PART V. SOURCES AND USES OF FUNDS

Source	Use

SAMPLE

INTERGOVERNMENTAL COOPERATION AGREEMENT

The (name of city) _____, (county) _____, Illinois, seeks to support the efforts of the _____ to obtain Community Development Assistance Program funds from the Illinois Department of Commerce and Economic Opportunity for (proposed project) _____ located in _____.

As the chief executives of our respective local governments, we are signing this agreement to cooperate as much as needed to accomplish these improvements.

The _____ is hereby designated as the lead agency for this application and will be the applicant for the funds. The _____ will be liable for all program administration functions should the grant be awarded.

Attest

Attest

Date: _____

(SEALS)

NOTE: This general form (or a suitable variation) is to be used by local government applicants whose proposed project or project area involves more than one jurisdiction. It is a required part of any "on behalf of" or joint application with appropriate modifications as may be required to fit local conditions.

Direct HUD Entitlements

Metropolitan Cities

Arlington Heights
Aurora
Belleville
Berwyn
Bloomington
Bolingbrook
Champaign
Chicago
Chicago Heights
Cicero
Danville
Decatur
DeKalb
Des Plaines
Downers Grove
East St. Louis
Elgin
Evanston
Joliet
Kankakee
Moline
Mount Prospect
Naperville
Normal
North Chicago
Oak Lawn
Oak Park
Palatine
Pekin
Peoria
Rantoul
Rockford
Rock Island
Schaumburg
Skokie
Springfield
Urbana
Waukegan
Wheaton

Urban Counties

Cook County
DuPage County
Kane County
Lake County
Madison County
McHenry County
St. Clair County
Will County

HUD Section 8 income guidelines can be found at <http://www.huduser.org/portal/datasets/il.html>