



**CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD)  
CDBG / HOME APPLICATION  
COVER SHEET / CHECKLIST**



**Applicant/Agency:** \_\_\_\_\_

Please ensure to complete the entire application (Cover Sheet/Checklist, Part I and Part II) and include all applicable documents. All necessary documents must be attached and labeled.

Applicant / Agency is submitting the following documents with this cover sheet:

✓ **Label**

- \_\_\_\_\_ Cover Sheet / Checklist
- \_\_\_\_\_ Part I – Agency Information / Federal Requirements (required for all applicants) AND
- \_\_\_\_\_ Part II: Project Application (select one project type) - *See guidelines Section III for details:*
  - A. Public Services;
  - B. Public Facility/Improvements;
  - C. Affordable Housing Program; and/or
  - D. Economic Development.

**Agency Background:**

- \_\_\_\_\_ Current Bylaws (Non-Profit only)
- \_\_\_\_\_ Articles of Incorporation (Non-Profit only)
- \_\_\_\_\_ Copy of Non-Profit IRS Letter of Designation (Non-Profit only)
- \_\_\_\_\_ Organization Chart (Required of all applicants)
- \_\_\_\_\_ Current Resumes on Key Project Personnel
- \_\_\_\_\_ List of Supporting Advisors such attorneys, accountants, etc. (Required of all applicants)
- \_\_\_\_\_ A copy of most recent Audit if an audit is not available, then financial statements that include general ledger and balance sheet detail for a one year period is acceptable (Required of all applicants).
- \_\_\_\_\_ Recent Projects completed

**Project Property Information/Environmental Attachments**

- \_\_\_\_\_ Site plans, architectural drawings, etc.
- \_\_\_\_\_ A detailed map that shows project site and identifies service delivery area.
- \_\_\_\_\_ Pictures of Existing Project Site
- \_\_\_\_\_ Evidence of Ownership or Site Control (grant deed, purchase option agreement, etc.)
- \_\_\_\_\_ Verification of Site Zoning
- \_\_\_\_\_ Property Appraisal
- \_\_\_\_\_ Topo maps, surveys, environmental studies, etc.

**Project Financial Information**

- \_\_\_\_\_ Construction Budget / Costs
- \_\_\_\_\_ Organization's Current Operating Budget
- \_\_\_\_\_ Income and Expense Projections
- \_\_\_\_\_ Evidence of Other Sources of Funds: Match Document, Letter from Participating Bank(s) or Loan

**Affirmative Marketing / Tenant Selection** *(For Affordable Housing Programs)*

- \_\_\_\_\_ Affirmative Marketing Plan
- \_\_\_\_\_ Provide a copy of the Agency's tool used for its client intake process.
- \_\_\_\_\_ Tenant Selection Process (rentals)
- \_\_\_\_\_ Client Intake Forms and Applications
- \_\_\_\_\_ Marketing Materials (brochures, flyers, etc.)

**Other Documents:**

- \_\_\_\_\_ National Objective documentation
- \_\_\_\_\_ Market Analysis Summary Form and Report

- \_\_\_\_\_ Appropriate Licenses
- \_\_\_\_\_ Appropriate Insurances
- \_\_\_\_\_ Continuum of Care on Homelessness Collaboration Documentation (e.g. membership form, etc.)
- \_\_\_\_\_ Other
- \_\_\_\_\_ Other
- \_\_\_\_\_ Other

**ACKNOWLEDGEMENT:** Checklist is completed and required documents are attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date



**CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD)  
CDBG / HOME GRANT APPLICATION  
PART I - AGENCY INFORMATION / FEDERAL REQUIREMENTS**



*Please Complete Sections A through F*

**A. APPLICANT INFORMATION**

1. **Project Title:** \_\_\_\_\_

2. **Legal Name of Applicant:** \_\_\_\_\_

3. **Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

4. **Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

5. **Primary/Contact Person:** \_\_\_\_\_

6. **Telephone:** \_\_\_\_\_ **7. Fax:** \_\_\_\_\_

8. **Email:** \_\_\_\_\_

9. **Federal Identification Number (required):** \_\_\_\_\_

10. **DUNS Number (required):** \_\_\_\_\_

11. **Type of Applicant:**

<input type="checkbox"/> County Department	<input type="checkbox"/> City	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Township	<input type="checkbox"/> Village	<input type="checkbox"/> For-Profit Organization
<input type="checkbox"/> Corporation	<input type="checkbox"/> Education Institution	<input type="checkbox"/> Public Housing Authority
<input type="checkbox"/> L.L.C.	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Religious Organization*
	<input type="checkbox"/> Special Government District	

Continuum of Care Affiliation (indicate the collaborative agency): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

*\*If you qualify as a religious organization, you must also be a non-profit organization*

12. **Date Organization Established (if nonprofit, should be the date on the Articles of Incorporation):**  
 \_\_\_\_\_

13. **Is this agency a Minority-owned Business Enterprise (MBE)?**  Yes  No

14. **Is this agency a Women-owned Business Enterprise (WBE)?**  Yes  No

**B. AGENCY CONTACT SHEET AND ORGANIZATION INFORMATION**

Agency Head	Name/Title: _____
	E-Mail: _____
	Phone and Fax #: _____
Grant Writer	Name/Title: _____
	Agency Name: _____
	E-Mail: _____
	Phone and Fax #: _____
Financial Staff	Name/Title: _____
	E-Mail: _____
	Phone and Fax #: _____
General (Offices)	Agency Name: _____
	Mailing Address: _____
	City/State/Zip: _____

**C. AGENCY BACKGROUND INFORMATION**

Provide current list of Agency Board of Directors: Include name, position/title, city residence, length of time on the Board, and expiration of terms. Note any vacant positions. (Non-Profit only)

Provide Agency's current adopted Mission Statement:

\_\_\_\_\_

**Required Attachments:**

- Current Bylaws (Non-Profit only)
- Articles of Incorporation (Non-Profit only)
- Copy of Non-Profit IRS Letter of Designation (Non-Profit only)
- Organization Chart (Required of all applicants)
- List of Supporting Advisors such as attorneys, accountants, etc. (Required of all applicants)
- A copy of most recent Audit (Required of all Applicants); if an audit is not available, then financial statements that include General Ledger and Balance Sheet detail for a one year period is acceptable (Required of all applicants).
- If Community Based Development Organization (CBDO), updated information demonstrating current CBDO eligibility status.

**D. AGENCY EXPERIENCE**

Describe the length of time the agency has operated, date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency's capabilities, the number and characteristics of clients served, and required licenses to operate (if applicable).

\_\_\_\_\_

Briefly describe the agency's existing staff positions and qualifications, its capacity to carry out the activities related to the proposed project and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure.

\_\_\_\_\_

**For agencies serving primarily homeless persons (or those at-risk of homelessness):**

Will the agency participate in the CoC Coordinated Intake/Entry System (see guidelines, Section VII for details)?

- Yes     No

**E. CERTIFICATION – ENVIRONMENTAL REVIEW**

In accordance with 24 C .F.R. Part 58.22, the applicant agrees to refrain from undertaking any physical activities or choice-limiting actions until CCCD has either notified the applicant that the request for funding has been rejected, or if funded, until CCCD has issued the subrecipient a written Environmental Notice to Proceed. Choice-limiting activities include, but are not limited to, acquisition of real property, leasing, repair, rehabilitation, demolition, conversion, or new construction. This limitation applies to all parties in the development process, including public or private nonprofit or for-profit entities, or any of their contractors.

If the application is successful, any commitment of funds by CCCD is fully conditioned upon satisfactory completion of the project’s environmental review in accordance with 24 CFR Part 58 and related environmental authorities. The applicant is also advised that the provision of funding is further conditioned on CCCD’s determination to proceed with, modify, or cancel the project based on the results of the environmental review.

If the application is successful, the applicant must agree to abide by any special conditions, mitigation measures or requirements identified in CCCD’s environmental approval and shall ensure that project contracts and other relevant documents will include such special conditions, mitigation measures or requirements.

The applicant agrees to provide CCCD with all available environmental information about the project and any information which CCCD may request in connection with the conduct and preparation of the environmental review, including any reports of investigation or study which in CCCD’s opinion is needed to fulfill its obligations under HUD environmental requirements.

The applicant agrees to advise CCCD of any proposed change in the scope of the project or any change in environmental conditions, including substantial changes in the nature, magnitude, extent or location of the project; the addition of new activities not anticipated in the original scope of the project; the selection of an alternative not in the original application or environmental review; or new circumstances or environmental conditions which may affect the project or have bearing on its impact, such as concealed or unexpected conditions discovered during the implementation of the project or activity.

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name / Title**

**F. CERTIFICATION – OTHER REQUIREMENTS**

In accordance with the applicable statutes and regulations governing the CDBG/HOME funds, I hereby certify that:

**Utilization of Minority/Women & Disadvantaged Contractors** – Projects receiving CDBG funding must notify and include minority and women contractors in their bidding process. *Executive Order 11625 (Utilization of Minority Business Enterprise) and Executive Order 12138 (Utilization of Female Business Enterprise).*

**Davis-Bacon Prevailing Wage Rate Labor Standards** – Any construction project receiving \$2,000 or more in CDBG or other federal funds, as applicable, will be required to comply with prevailing wage requirements.

**Section 3** – Projects receiving CDBG/HOME funding that involve building or public facilities improvements must, to the greatest extent feasible, utilize area lower income residents for employment and training opportunities. *(24CFR Part 135).*

**Environmental Regulations** – All funded projects must undergo environmental review to ensure compliance with the National Environmental Protection Act regulations. CCCD will conduct the environmental review with cooperation from the funded agency.

**Title VI of the Civil Rights Act of 1964** – No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance on the grounds of race, color, or national origin. *(Public Law 99-352).*

**Title VIII of the Civil Rights Act of 1969** – The Fair Housing Act prohibits discrimination in the sale or rental of housing, the financing of housing, or the provision of brokerage services, including otherwise making unavailable or denying a dwelling to a person, because of race, color, religion, sex, national origin, or familial status. *(Public Law 90-294).*

**American with Disabilities Act** – Projects receiving CDBG/HOME funding involving physical activities must include accessibility and comply with the Americans with Disabilities Act guidelines. Any CDBG/HOME funded service must be provided in an accessible location.

**Drug-Free Workplace** – The agency shall make a good faith effort to maintain a drug-free workplace. *(24CFR Part 21).*

**Anti-Lobbying** – No federal funds shall be used for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress. *(USC Title 31 Section 1352).*

**Lead-Based Paint** – Any activities involving the presence of lead-based paint shall comply with the requirements of 24CFR Part 35.

**Community Development Block Grant Program** funds shall be used exclusively for eligible activities permitted by 24CFR Part 570.

**Home Investment Partnerships (HOME) Program** funds shall be used exclusively for eligible activities permitted by 24CFR Part 92.

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name / Title**