

**LEWIS AND CLARK REGIONAL DEVELOPMENT COUNCIL
APPLICATION/PREAPPLICATION COVER SHEET
NORTH DAKOTA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

1. Legal Applicant

a. Applicant Name:

b. Address:

Zip:

c. County:

d. Local Government Contact Person:

Phone Number:

Fax:

e. Person who completed application:

Phone Number:

Fax:

f. Population from last official census:

g. Area population:

2. Type of Request

<input type="checkbox"/> Pre-application
<input type="checkbox"/> Final application

3. National Objective

<input type="checkbox"/> Low/Moderate Income Benefit
<input type="checkbox"/> Slums/Blight Elimination
<input type="checkbox"/> Alleviation of Urgent Need

4. Title of Project and Brief Summary Description

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5. Use of CDBG Funds

<input type="checkbox"/> Construction
<input type="checkbox"/> Relocation
<input type="checkbox"/> User Fees
<input type="checkbox"/> Acquisition
<input type="checkbox"/> Special Assessments
<input type="checkbox"/> Other _____

6. Proposed Funding

a. CDBG Cost	\$
b. CDBG Administration	\$
c. Local Funds	\$
d. Other Funds	\$
e. Other Administration	\$
f. Total Cost	\$

7. Project Start Date

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8. Project Duration (Max. 18 Mos.)

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9. Applicant Certifies That:

To the best of my knowledge and belief, data in this application are true and correct, and the document has been duly authorized by the governing body of the applicant.

Name

Title

Signature of chief elected official

Date signed

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 _____ (Sponsoring Unit of Government)
will act as sponsoring unit of government for the project titled
to be conducted during the period _____ through _____ (duration dates).

_____ (Title of Authorized Official) is hereby authorized to apply to the
North Dakota Office of Intergovernmental Assistance for funding of this project on behalf of
the City of _____ (Sponsoring Unit of Government) on _____ (Date).

I certify that the above resolution was adopted by the _____ (City Council, County Board,
etc.) of _____ (Sponsoring Unit of Government) on _____ (Date).

SIGNED:

Signature

Title

Date

WITNESSED:

Signature

Title

Date

SECTION II
PROJECT NEED
(Maximum 150 Points)

In the space provided below, describe why you need to do this project. The greatest number of points will be given to those proposals that address an existing or imminent problem with significant impact on the health and safety of citizens, or which would eliminate architectural barriers that prevent handicapped persons from receiving essential services.

SECTION III
FINANCIAL NEED
(Maximum 75 Points)

In the space provided below, please describe why you need CDBG assistance. The highest number of points will be given to those projects that can't be done without CDBG assistance.

1. Why is CDBG assistance needed for this project? In describing that need, you may reference figures shown on page 6 and include explanations as to why other local sources of financing, including borrowing and anticipated future revenues, are inadequate or not feasible in financing the project.

2. Describe efforts you have made to identify other possible sources of grant or loan funds to help with this project, including state and federal agencies. Describe the results of those efforts.

3. What is the status of other local financial resources that **may** be available in financing this project?

- A. What is the current balance of all* funds related to this request? \$
- B. What amount in line A above is reserved for indebtedness? \$
- C. What is the amount of investments accounts related to this request? \$
- D. What is the current indebtedness of the fund(s) related to this request? \$

For A-C, show the balances and indebtedness for the recipient of the grant requested. For instance, a city water project, show the city's current balance in the water account, the amount of investments (if any) for the water account, and indebtedness for water projects. If a fire district is the recipient, show the same for the district.

* All funds in line A refer to the balance in the regular fund related to this request plus other related funds, if any, such as in a reserve account.

4. Describe the applicant/recipient's policies and status regarding taxes, fees, indebtedness, etc.:

A. What is your current mill levy?

In the space above, fill in the current total mills levied by the recipient of this grant request. For instance, if the project is to make a courthouse ADA accessible, how many mills are levied by county government? If it's to make a city hall ADA accessible, what's the total city (government) mill levy? If it's for a school ADA project, what is the total school mill levy? If it's for a rural fire department to build a fire hall, what is the fire district's mill levy?

B. How much money does one mill raise? \$

Above, place the amount raised from one mill levied by the recipient of the proposed project. For instance, for a courthouse project, how much does one mill raise when levied countywide; for a city water project, how much does one mill raise in the city; for a school district or fire district, how much does one mill raise when levied district-wide?

C. How much taxes are paid IN TOTAL on a non-farm house valued at \$60,000? \$

In the space above, fill in the total annual taxes a homeowner living within the jurisdiction of the project site would pay on a \$60,000 house. This should be the total tax bill (not including specials) as paid to the county, to include all city, county, township, school, library, and other levies.

D. What is the recipient's total indebtedness? \$

E. What is the total of all investment accounts? \$

F. Briefly describe the fee/rate structure for the following services. (You may attach a rate schedule.)

Minimum Monthly Water Rate	Minimum Monthly Sewer Rate	Total Min. Monthly W&S Rate	W&S Mo. Charge for 10,000 gal. Usage	Other Monthly Fees (please specify)
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Other monthly fees may include garbage pick-up, lights, etc. Please remember that if you bill Quarterly, the monthly charge is one-third of the quarterly cost.

For other types of projects, please describe below any fees that may be related to your project or services to be provided with help from grant funds. For instance, for a senior center, what fees, if any, are charged for membership? Or for ambulance or fire districts, are there pick-up or "call" fees charges?

SECTION VI
COMMUNITY DEVELOPMENT
(Maximum 25 Points)

1. Is this project, or the need for this project, identified in an existing (check all that apply):

- Capital Improvements Plan
- Comprehensive Plan
- Business Retention and Expansion Plan
- Urban Renewal Plan
- Development Plan
- Other

Briefly describe and attach a copy of relevant excerpts from the plan(s).

2. Is the project part of (check all that apply and briefly describe below):

- A larger public facility, infrastructure, or services project.
- Efforts needed to attract or retain a business.
- Efforts needed to service a new housing development.

SECTION VII
LOW-MODERATE INCOME BENEFIT
(Maximum 5 Points)

1. What is the total number of persons and families in the project area?

Persons

Families*

2. What is the total number of low and moderate income persons and families in the project area?

Persons

Families*

The above numbers should be derived from either census data or from a survey utilizing an Appropriate methodology as outlined in the state's Program Distributions Statement, or Contact the Lewis and Clark Regional Development Council.

*Family figures are needed only for special assessment projects.

3. In the space below, explain how you arrived at the above figures.

SECTION VIII
BONUS
(Maximum 20 Points)

1. Have you ever received a CDBG public facilities grant before? If so, in what year did you last receive a CDBG public facilities grant?

2. Have you ever received a CDBG housing grant? If so, in what year did you last receive a CDBG housing grant?

