

**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

--

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

--

8. Project Duration (Max. 18 Mos.)

--

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

SECTION II
OBJECTIVE SCORING CRITERIA QUESTIONS
(Maximum 150 Points)

1. a. Have you previously received a CDBG Housing Rehabilitation Grant? When?
- b. In what year did any other jurisdiction in your county last receive a CDBG Housing Rehabilitation Grant? *(Leave blank if unknown.)*
- c. Have you previously received a CDBG Public Facilities Grant? *(Do not include ADA grants.)* If so, in what year?

2. How much, if any, match money is being provided?
 - a. Homeowner funds
 - b. City funds
 - c. Other
 - d. Total match
 - e. CDBG rehabilitation funds requested
 - f. Total rehabilitation cost
 - g. Percent of leveraged funds

%

3. Types of Direct Benefit Households
 - a. Elderly households (HH) to benefit
 - b. Minority HH to benefit
 - c. Handicapped HH to benefit
 - d. Female head of HH to benefit
 - e. HH with children under 18 to benefit

Number Percent _____

4. a. Total number of households to benefit
- b. Total number of very low income (VLI) to benefit
- c. Percent of VLI to benefit

5. What is the year-round housing vacancy rate in your community as shown in the 2000 Census?
(Check one; you may contact Lewis and Clark Regional Development Council for the data.)
 - 0-12% vacancy
 - 13-19% vacancy
 - 20% or higher vacancy

**SECTION IV
COMMUNITY INFRASTRUCTURE
(Maximum 150 Points)**

1. Assess and describe the community infrastructure that serves the homes to be rehabilitated.

- | | | | |
|-------|--|-----|-------|
| A. i. | Are all homes served by a city/rural water system? | Yes | No |
| ii. | If no, what percentage are not? | | % |
| B. i. | Are water lines generally reliable and in adequate condition? | Yes | No |
| ii. | If no, are there plans to replace? | Yes | No |
| C. i. | Are water storage facilities adequate in terms of capacity and condition? | Yes | No |
| ii. | If no, are there plans to expand/improve? | Yes | No |
| D. i. | Are all homes served by a city/rural sewage system? | Yes | No |
| ii. | If no, what percentage are not? | | % |
| E. i. | Are sewage lines generally reliable and in adequate condition? | Yes | No |
| ii. | If no, are there plans to replace? | Yes | No |
| F. i. | Is the sewage treatment system adequate in terms of capacity and condition? | Yes | No |
| ii. | If no, are there plans to expand/improve? | Yes | No |
| G. i. | Are all homes served by paved streets and roads? | Yes | No |
| ii. | If no, what percentage are not? | | % |
| H. i. | Are streets and roads in adequate condition? | Yes | No |
| ii. | If no, are there repair/paving plans? | Yes | No |
| I. i. | How far is the nearest fire station located from the project area? | | Miles |
| ii. | What is your community's fire insurance classification? | | |
| J. | In the space below, briefly describe projects, if any, planned to be undertaken and completed within the next 18 months to address any deficiencies indicated above. | | |

2. Describe the applicant’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 grant request applicant. Do not include Mills levied by other taxing authorities, e.g. by the county, if the applicant is a city, or by the library, fire district, etc.

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

Above, fill in the total annual taxes a homeowner living within the jurisdiction of the applicant would Pay on a \$60,000 home. This should be the total tax bill (not including specials) as paid to the county, to include all city, county, township, school, library, fire district, and other levies.

C. What are your current balances in the following accounts:

- i. Water account
- ii. Sewer account
- iii. Roads and streets
- iv. General fund
- v. Investment accounts (all)

D. What is your total indebtedness?

E. 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)
-----------------------------------	-----------------------------------	--	---	--

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.

**SECTION V
COMMUNITY SERVICES
(Maximum 150 Points)**

1. What other efforts have been undertaken in your community to assure safe and affordable housing choices and opportunities?

A. i. Do you have assisted or low-income elderly housing units? Yes No
 ii. If so, how many units? What is the vacancy rate? %

B. i. Do you have low-income family housing units? Yes No
 ii. If so, how many units? What is the vacancy rate? %

C. i. Do you have a nursing home? Yes No
 ii. If so, how many beds? What is the vacancy rate? %

D. How many households are on Homestead Credit?
 Describe how the Homestead Credit program is marketed in your community.

E. i. Do you have a zoning ordinance? Yes No
 ii. Do you have a planning and zoning commission? Yes No
 iii. How is your zoning ordinance enforced?

F. i. Have you adopted a building code? Yes No
 ii. How is it enforced (e.g., do you have a building inspector, etc.)?

G. If you have a building code but no inspection system, how is the code enforced?

H. Describe any other housing-related programs you have instituted that affect all (not limited to low and moderate income persons) households (e.g., special fire safety programs, subdivision ordinances, housing inspection programs, etc.).

2. What other programs and essential services are available in your community?

A. What medical services are available in your community (e.g., hospital, clinic, doctor, dentist, visiting nurse)?

B. Do you have a community center? Yes No

C. i. Do you have a senior citizen center? Yes No

ii. Are there fees for membership? Yes No

iii. If there are fees, describe:

iv. What services are available at the senior center?

D. Do you have a Meals on Wheels Program? Yes No

E. What transportation services are available for senior citizens and handicapped residents? Describe.

F. Are all major facilities and services (e.g., city hall, senior centers, etc.) handicapped accessible? Describe.

G. Describe any other special services and programs available for youth, seniors, and handicapped.

**SECTION VI
OTHER LEVERAGE
(Maximum 50 Points)**

Will other (state, federal, foundation, or other non-local funds) be accessed for this or a related project? If so, describe the type (e.g., grant or loan), source and amount, the likelihood of obtaining those funds, when a final decision will be made, and whether the CDBG grant is necessary to leverage those other funds.

**SECTION VII
COMMUNITY DEVELOPMENT
(Maximum 50 Points)**

1. Do you (applicant city or county) have a state-approved 504 Transition Plan (ej genlgt 'circle one)?

Yes No

2. Has a community housing need, demand or market study been prepared within the last three (3) years (ej genlgt 'circle one)? If yes, please attach a copy of the document.

Yes No