

Virgin Islands Housing Finance Authority  
Community Development Block Grant  
3202 Demarara Plaza, Suite 200  
St. Thomas, VI 00802-6447  
(340) 777-4432

100 Lagoon Complex, Suite 4  
Frederiksted, St. Croix, VI00840  
(340) 772-4432



***COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
APPLICATION FOR FUNDING  
PROGRAM YEAR 2016***

CDBG Application Deadline: Friday, February 26, 2016

## **INVITATION FOR PROJECT PROPOSALS**

The Community Development Block Grant Program invites the public to submit project proposals to be considered for the funding from the 2016 grant allocation.

Applications can be picked up at the CDBG's offices on St. Thomas at 3202 Demarara Plaza, Suite 200, and on St. Croix at Frits Lawaetz Complex, 100 Lagoon Street, Frederiksted, between the hours of 8:00 A.M. to 5:00 P.M. Monday through Friday, excluding holidays.

**The deadline for returning the proposals is Friday, February 26, 2016, at 4:00 P.M. Atlantic Standard Time. Please note that proposals will not be accepted after the deadline.**

An orientation session for prospective applicants will be held on Tuesday, January 26, 2016 on St. Croix at the Virgin Islands Housing Finance Authority's Training Room located at #100 Lagoon Complex, Frederiksted, and on Thursday, January 28, 2016 on St. Thomas at the Virgin Islands Housing Finance Authority's Training Room located at 3202 Demarara Plaza, Suite 200. The sessions will begin at 6:00 PM in each island district. Applicants are encouraged to attend the scheduled session in their respective district.

For more information or assistance with the application, please call Antoinette Fleming, CDBG Program Manager at (340) 777-4432 on St. Thomas or Tamisha Thomas, Associate Planner II, at (340) 772-4432 on St. Croix.

## *Index and Instructions*

This application is to be completed by government agencies, non-profit and for-profit organizations interested in obtaining Community Development Block Grant funds for public facilities and services and other neighborhood and community development projects in the 2016-17 Program Year.

The application consists of seven sections. *Note: Complete and return only the sections that are applicable to your project. Separate applications should be submitted for a project to be undertaken within both districts. Separate applications should also be submitted where an applicant proposes to undertake both a public service program and a construction project.*

1. **Section 1** (pages 3–4) and **Section 2** (pages 5-11) **must be completed by each applicant. (Make sure to include your EIN and DUNS numbers).** The form to obtain a DUNS number is included as an attachment to this application.
2. **Section 3** (pages 12 -14) should be filled out only if the applicant is seeking CDBG funds for the purchase of real estate or its lease for 15 years or more. Note that lease of a building for less than 15 years is considered rent and should be included in Section 2, sub-section F and Section 7 (Public Service).
3. **Section 4** (pages 15-17) should be filled out only if the applicant is seeking CDBG funds for the construction, renovation or rehabilitation of a building.
4. **Section 5** (pages 18-19) should be filled out only if the applicant is seeking CDBG funds solely for the construction or improvements of roads, sidewalks, playgrounds, pipelines or other water and sewer facilities. Note that this does not include the construction or renovation of water and sewage facility or driveway and sidewalks associated with the construction or rehabilitation of a particular building, which would be included in Section 4.
5. **Section 6** (pages 20-21) should be filled out only if the applicant is seeking CDBG funds to expand or operate a for-profit business.
6. **Section 7** (pages 22-26) should be filled out only if the applicant is seeking CDBG funds to operate a public service program such as training, counseling, after-school programs, operation of a soup kitchen, etc. Note that if CDBG funds are requested to lease property for 15 or more years, this should be included under Section 3 (Acquisition of Real Property).
7. **Page 28:** Instructions to apply for the D-U-N-S number by telephone. **It is a federal requirement for all recipients of federal funds to have a DUNS number.**

Funded activities should be ready to start on **January 1, 2017** and achieve completion within one year. If completion in a one-year period is not possible, the project should be divided into phases, each of which can be completed within one year.

The CDBG program operates mostly on a reimbursement basis. The agency/organization incurs the cost and submits the original receipts with copies of cancelled checks (or other form of proof of payment, where applicable) in order to request reimbursement of these costs. Undocumented expenses will not be paid or reimbursed. Reimbursements will be issued only for encumbrances or commitments that occurred after the effective date of the agreement authorizing the use of the funds. CDBG funds cannot be used to pay or reimburse cost incurred prior to the effective date of the Sub-recipient Agreement/Memorandum of Agreement and the Notice to Proceed.

A fillable electronic version of the CDBG application form is available on the VIHFA's website at [www.vihfa.gov](http://www.vihfa.gov) or can be provided via e-mail upon request; however, the application may not be submitted electronically. **The application must be submitted on paper, type-written and in the exact format of this original along with all required attachments. Two signed copies of the application must be submitted. An incomplete application will result in a low score during the final evaluations.** Do not use any other cover except the one included in this application. Application forms from prior years shall not be used. The CDBG Program reserves the right to disqualify from consideration any application which does not conform to the requirements outlined above.

## SECTION 1: APPLICANT INFORMATION

This section is to be completed by all applicants.

1. Name of organization or agency: \_\_\_\_\_
2. Project Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_
3. Physical Address: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(if different from above)
5. Daytime Phone No: ( ) \_\_\_\_\_
6. Fax No: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_
7. EIN/Tax ID # \_\_\_\_\_ DUNS # \_\_\_\_\_
8. Type of organization:  
 Government  For-profit, Sole Proprietorship  
 For-profit, Corporation  Not For-profit
9. Number of years the organization has been in operation: \_\_\_\_\_
10. Major purpose of the organization: \_\_\_\_\_  
\_\_\_\_\_
11. Describe the types of services the organization normally provides:  
\_\_\_\_\_  
\_\_\_\_\_
12. Identify clients normally served (for instance, high school drop-outs):  
\_\_\_\_\_
13. **If the applicant is a governmental entity, please skip to Question #15.**  
Please provide the following documents. *Note:* For any documents which are not included with the application, please also provide a separate narrative to indicate the dates by which the remaining documents will be submitted.  
 Current business license (*for-profit organizations only*)  
 Articles of Incorporation and By-laws (*non-profit organizations only*)  
 Listing of current board members  
 Minutes of the last three board meetings ratified by the President of the organization (*non-profit organizations only*)  
 Certificate of Good Standing  
 Most recent audit report (*not more than three years old*)  
 Financial statements (*not more than one year old*)

- ( ) Formal organizational chart
- ( ) Resumes, or job descriptions, of the organization/program's key personnel

14. Is the organization currently, or has it ever been, barred from participating in any federal or federally funded program or project (including CDBG): Yes ( ) No ( )

15. Please list below all the federal funds (including CDBG) that the organization has received over the last 3 years:

<i>Funding Source</i>	<i>Amt of Funds Received</i>	<i>Purpose for which funds were used</i>	<i>Finished or Ongoing</i>

**Attach a separate sheet if additional space is required.**

16. Is the organization current in its reporting on these grants? Yes ( ) No ( )
17. Provide a letter from each of these funding sources to show that the organization is in compliance with its requirements.
18. Describe the organization's fundraising activities within the last year and the amount of funds that were raised: \_\_\_\_\_  
 \_\_\_\_\_

I certify that the information contained in this application is true and correct. I agree to commit the agency to the implementation of this project if it is approved:

By: \_\_\_\_\_  
 Print Name (*Organization head*)

\_\_\_\_\_  
*Signature*  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 2: PROJECT SUMMARY

This section is to be completed by all applicants.

### A. ELIGIBLE ACTIVITIES

In order to be eligible for funding, a proposal must include one or more of the activities described in Title 24 Section 570.200 to 570.206 of the Code of Federal Regulations. Select from the listing below the activities that this proposed project entails.

- Acquisition of real property;
- Disposition of property acquired with CDBG funds;
- Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements;
- Clearance, demolition, and removal of buildings and improvements;
- Provision of public services (including labor, supplies and materials) directed toward improving the community's public services and facilities, including but not limited to those concerned with employment, crime prevention, child care, health, drug abuse treatment or prevention, education, fair housing counseling, energy conservation or recreation needs;
- Repairing of streets, sidewalks, parks, playgrounds, publicly owned utilities and public buildings, special garbage, trash and debris removal in areas exhibiting signs of physical deterioration or in order to eliminate emergency conditions;
- Payment of the costs of completing an urban renewal project funded under Title I of the Housing Act of 1937, as amended;
- Relocation payments and other assistance for permanently and temporarily relocated individual families or businesses;
- Removal of architectural barriers;
- Acquisition, construction, reconstruction, rehabilitation or installation of the distribution lines and facilities of privately owned utilities;
- Rehabilitation of privately owned buildings for residential purposes, improvements to the exterior of commercial or industrial buildings or the rehabilitation, preservation or restoration of historic properties;
- Acquisition, construction, reconstruction, rehabilitation or installation of commercial or industrial buildings, structures or the provision of assistance for for-profit businesses;
- Planning and survey

**B. Need and Appropriateness of Project**

1. Describe the project/program for which CDBG funding is being requested.

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2. Why is this project necessary and appropriate for the community? \_\_\_\_\_

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3. Why are CDBG funds necessary and appropriate for the project? \_\_\_\_\_

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4. Can the project proceed without CDBG funding? Yes ( ) No ( )

5. Indicate the beneficiaries, clients or persons for whom the project is intended (for instance, “the homeless”, “youth ages 6 – 12”, “residents of public housing”):

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### C. National Objectives

In order to be eligible for CDBG funding, a project must meet at least one of the national objectives of the CDBG Program outlined in Title 24, Section 570.208 of the Code of Federal Regulations. Select from below the national objective(s) to be met by this project.

- ( ) Elimination or amelioration of situations ***that threaten health and safety which have not been in existence for more than 18 months prior to seeking CDBG funds.***
- ( ) Provision of employment or other benefits primarily to persons of low and moderate income
- ( ) Elimination of slums and blight - including historic restoration to remove conditions that threaten health and safety. ***Please note that the designation of areas of "slum and blight" must have been established by local law.***

### D. Low/Moderate Income Benefits

If the project is to meet the low/moderate national objective, please select one of the following beneficiary categories:

- ( ) Limited Clientele: Participation in the program would be limited to a specific group of persons and at least 51% of them qualify as low to moderate income.
- ( ) Presumed Benefits: These following persons are assumed to be of low to moderate income: the homeless, the elderly, abused children, illiterate persons, migrants and **severely disabled adults.**
- ( ) Area-wide benefits to persons of low to moderate income (**Note:** This selection is applicable only if the project will be located in a neighborhood or census tract where more than 51% of the persons or households qualify as low to moderate income. Please refer to the census map attached at the end of the application).

### E. Housing Rehabilitation Projects

In order for a rental housing rehabilitation project to be eligible for CDBG funding, at least 51% of the rental units must be occupied by low and moderate-income households. For rehabilitation of owner-occupied units, 100% of the units must be occupied by low and moderate income households. (**Note: New construction of housing is generally not eligible for CDBG funding.**)

1. Street address of project: \_\_\_\_\_
2. # of rental units: \_\_\_\_\_ Percentage occupied by low/mod income persons: \_\_\_\_\_%
3. # of owner-occupied units: \_\_\_\_\_ Percentage occupied by low/mod persons: \_\_\_\_\_%

**Note: Documentation of household income will have to be provided for each tenant or owner household before the start-up of the project activity.**

**F. Public Service Projects**

1. Street Address of Project: \_\_\_\_\_
2. Number of persons or households to be directly served by the project \_\_\_\_\_
3. Percentage meeting the definition of low/moderate income \_\_\_\_\_ %
4. Describe how you will ensure participation of low/moderate income beneficiaries:  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If the public service project is seeking to qualify as either limited clientele or presumed benefit, documentation of family income will have to be provided for each participant before the start-up of the project activity.

**G. Economic Development, Public Facilities and Infrastructure Projects**

1. Name of Project/Facility: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. Neighborhood or census tract in which project is located \_\_\_\_\_  
**Please include a copy of the relevant census map with the project area indicated by a ★**
4. Number of persons or households residing here: \_\_\_\_ persons \_\_\_\_ households
5. Percentage meeting the definition of low/moderate income : \_\_\_\_\_ %

**H. Consolidated Plan Compliance**

The federal funding agency (HUD) requires CDBG funding to be expended based upon a Consolidated Plan for housing, homelessness and community development. At the present time, there is in effect a Consolidated Plan for the period 2015 – 2019.

Indicate which of the 4 objectives of the Consolidated Plan is to be met by this project:

1. ( ) Increase and preserve the stock of affordable housing units  
*Examples of projects meeting this objective include, but are not limited to, projects which entail acquisition, demolition, or preparation of sites for affordable housing; homebuyer direct financial and other assistance; and, rehabilitation of owner-occupied housing.*
2. ( ) Reduce and prevent homelessness  
*Examples of projects meeting this objective include, but are not limited to, projects which entail construction of, or improvements to, emergency shelters, transitional*

*facilities, or permanent supportive housing; operations of emergency shelters, transitional housing facilities, or permanent supportive housing; construction of other homeless facilities such as soup kitchens and outreach facilities; homeless prevention, rapid re-housing, and other services, including but not limited to outreach ,counseling, medical and mental assistance and case management.*

3. ( ) Provide services and community support  
*Examples of projects meeting this objective include, but are not limited to, projects which provide services that assist low income households and neighborhoods; also projects that assist special needs populations – e.g., youth, the elderly, disabled persons, the mentally ill, victims of domestic violence, and victims of substance abuse.*
  
4. ( ) Support community and economic development  
*Examples of projects meeting this objective include, but are not limited to, projects which entail acquisition, development, and rehabilitation of facilities for the delivery of public services; renovation of public facilities to provide handicap accessibility or other improvements; infrastructure improvements, and projects that support economic opportunities for low-mod income persons.*

## **I. Funding**

The Territory of the Virgin Islands receives a Community Development Block Grant allocation on an annual basis. The normal expectation is that each grant would be spent or liquidated before the next one is received; thus, each sub-grantee is expected to spend or liquidate each grant within 1 year. Failure to expend grant funds on a timely basis may result in the reprogramming of the funds to another project; it may also impact the organization’s ability to receive CDBG funding in subsequent years. Therefore, the organization should not apply for any more funds than it expects to expend within 1 year. If it is anticipated that the project may require more than one year to implement, it may be prudent to phase it over several years.

1. Total amount of CDBG funding required for the project: \$\_\_\_\_\_
2. Amount of CDBG funding requested by this application: \$\_\_\_\_\_
3. Amount of CDBG funding required in subsequent years: \$\_\_\_\_\_
4. Activities for which the funding in this application would be used:

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**PROJECT BUDGET BREAKDOWN - (Amounts on this page must match amounts stated elsewhere within the application)**

	DESCRIPTION	ESTIMATED COST OF PROJECT	AMOUNT OF CDBG \$\$ BEING REQUESTED	OTHER FUNDS AVAILABLE FOR THIS PROJECT
1.	Acquisition or Lease of Real Estate.	\$	\$.	\$.
2.	Plans and Specs for new construction, rehabilitation or restoration	\$	\$	\$
3.	New Construction, rehabilitation or restoration	\$	\$	\$
4.	Engineering & design for installation of sewer lines, water lines, sidewalks, lights, etc.	\$.	\$.	\$.
5.	Installation of sewer lines, water lines, sidewalks, lights, etc.	\$.	\$.	\$.
6.	Operation of a program or provision of public services	\$	\$.	\$.
7.	Operation of a business	\$.	\$.	\$.
8.	Other: (describe)	\$.	\$.	\$.
9.	Other: (describe)	\$.	\$.	\$.
10.	<b>GRAND TOTAL</b>	\$	\$.	\$.

5. Explain source(s) of amounts listed under “Other Funds Available for This Project” above: \_\_\_\_\_

\_\_\_\_\_

6. Please complete the schedule below in order to demonstrate that the organization will be able to spend the CDBG funds within 1 year:

\_\_\_\_\_

\_\_\_\_\_

<b>Quarter (2016)</b>	<b>Activity (ies)</b>	<b>Start Date</b>	<b>Completion Date</b>	<b>Quarterly Funds Expended</b>	<b>Cumulative Funds Expended</b>
<b>January- March</b>					
<b>April – June</b>					
<b>July – September</b>					
<b>October – December</b>					

### SECTION 3: ACQUISITION OF REAL PROPERTY

**Complete this section only if CDBG funds are required to acquire real estate or to lease real estate for a period of fifteen (15) or more years.** Please note that assistance for the purchase of real estate is provided in the form of a conditional loan. This loan would be forgiven after the building is used for the intended purpose for a specific period of time in accordance with CDBG program regulations. A lien will be recorded against the property for a minimum of fifteen years, as required by HUD.

1. Description of Property (select one)

- Empty lot
- Residential structure
- Commercial structure
- Other (describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Location of property (Island, Plot No., Parcel No., Estate Name) \_\_\_\_\_  
\_\_\_\_\_

3. Adjacent roads or landmarks: \_\_\_\_\_  
\_\_\_\_\_

4. Description of lot: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Lot size: \_\_\_\_\_ acres /square feet (*please circle unit of measure used*)

6. Description of building

(a) No. of floors: \_\_\_\_\_ (b) No of residential units (if any): \_\_\_\_\_

(c) No. of sq. ft: \_\_\_\_\_

7. Present owner of record: \_\_\_\_\_

8. Why was this particular site selected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Acquisition Cost  
 (a) Cost per sq. ft. or acre: \$ \_\_\_\_\_ (b) Total cost: \$ \_\_\_\_\_
10. Monthly or annual cost of lease (*please circle appropriate period*) \$ \_\_\_\_\_
11. Is the property to be purchased a historic property or eligible to be designated as a historic property?  
 Yes ( ) No ( )
12. If CDBG funds are not obtained, will the organization proceed with the purchase?  
 Yes ( ) No ( )
13. Submit a copy of the following documents, as applicable:
- (a) Lease Agreement (*if applicable*)
  - (b) Offer to Purchase or Letter of intent to sell
  - (c) Property Appraisal
  - (d) Land contract or sales agreement (*if available*)
  - (e) Other evidence of intent to acquire (describe)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
14. Is the property to be purchased currently occupied? Yes ( ) No ( )  
 If yes, is it occupied by [ ] the owner, [ ] residential tenant(s), [ ] commercial tenant(s)?
- Will any tenants be displaced as a result of this project? Yes ( ) No ( )  
 No. of tenant families \_\_\_\_\_ No. of business tenants \_\_\_\_\_
15. Once the property has been acquired, what will be the funding source for the maintenance of the building and the cost of property insurance?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
16. Purpose for which property will be used after it is purchased:
- ( ) Housing
  - ( ) Public Facility (*e.g., shelter for victims of abuse, counseling facility, community center*)
  - ( ) Education, Training and Counseling
  - ( ) Infrastructure development or improvement
  - ( ) Business and Economic Development
  - ( ) Human Resource Development
  - ( ) Other (describe) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

17. No. of persons to be served annually: \_\_\_\_\_
18. Estimated annual cost of services to be provided from the property after it is purchased:  
\$ \_\_\_\_\_
19. Are the funds required for the provision of services in place? Yes ( ) No ( )
20. If yes, identify the amounts and funding sources below:

SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

21. Does the organization have any written commitment(s) of these funds? Yes ( ) No ( )  
If yes, attach letter(s) of commitment. If no, indicate date(s) by which commitment(s) will be secured:

SOURCE	DATE
_____	_____
_____	_____
_____	_____

22. Legal action(s) required in order to use the property for the intended purpose:

*Check as many as may apply:*

- ( ) Zoning change
- ( ) Coastal Zone Permit
- ( ) Army Corps of Engineers Permit
- ( ) Legislative approval of lease (*government-owned property only*)
- ( ) Environmental Assessment
- ( ) Environmental Impact Statement

23. Please attach pictures of the subject property.

## SECTION 4: CONSTRUCTION ACTIVITIES

**Complete this section only if CDBG funds are required for the construction of a building or the renovation or rehabilitation of an existing one.** Please note that if the construction or rehabilitation cost exceeds \$25,000, a lien will be recorded against the property. This lien will be removed if the building is used for the intended purpose for a minimum of fifteen years, as required by HUD.

1. Location of site:

Island	Plot #	Parcel #	Estate Name
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2. Adjacent roads or landmarks: \_\_\_\_\_

3. Lot size: \_\_\_\_\_ acres /square feet (*please circle unit of measure used*)

(a) Purpose for which property is presently being used: \_\_\_\_\_

**Complete Item 4 below only if funds are required for renovation or rehabilitation of an existing building. If project does not entail renovation or rehabilitation, please skip to Item 5.**

4. (a) Size of structure: \_\_\_\_\_ sq. ft.

(b) No. of rooms: \_\_\_\_\_

(c) Is the building currently occupied? Yes ( ) No ( )

If yes, indicate whether it is occupied by [ ] the owner, [ ] residential tenant(s),  
[ ] commercial tenant(s)

(d) Will any tenants be displaced as a result of this project? Yes ( ) No ( )

No. of tenant families \_\_\_\_\_ No. of business tenants \_\_\_\_\_

5. Please describe the scope of work needed in order to place the building in service for the proposed use: \_\_\_\_\_

\_\_\_\_\_

(Use additional sheets, if necessary)

6. Present Owner: \_\_\_\_\_

7. If the applicant already has control of the property, please attach a copy of property lease or deed.

8. Select below the activities for which the CDBG funds will be used:

*Check as many as may apply:*

- Development of plans and specifications
- Actual construction
- Construction management

*\* Please note that CDBG funds cannot be used to pay or reimburse costs incurred prior to the issuance of the project's Notice to Proceed.*

9. **Proposed Budget**

<i>Category</i>	<i>Total Cost</i>	<i>Amount of CDBG Funds Required</i>	<i>Amount of other Funds Available</i>
Project design & engineering services	\$	\$	\$
Construction Services	\$	\$	\$
Construction Management	\$	\$	\$
<b>Other Project Cost</b>			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.			
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

***For projects which entail rehabilitation or renovation of an existing building, please attach a construction estimate prepared by an architect, engineer, or licensed contractor.***

10. Attach pictures of the proposed site and building to be rehabilitated or renovated, if applicable.

11. Please indicate any work already completed on the project:

*Check as many as may apply:*

- Engineering and Design completed
- Scope of work developed
- Preliminary construction estimate completed
- Permits in place
- Some construction completed

12. Legal actions required in order to develop and use the property for the intended purpose:

*Check as many as may apply:*

- Zoning change
- Coastal Zone Permit
- Army Corps of Engineers Permit
- Legislative approval of lease (*government-owned properties only*)
- Environmental Assessment
- Environmental Impact Statement

13. Infrastructure required in order to develop and use the property for the intended purpose:

*Check as many as may apply:*

- Access Roads
  - Power lines
  - Water lines
  - Parking
  - Handicapped Access
  - Sanitary Sewer
  - Storm Water Drainage
  - Other (describe): \_\_\_\_\_
- 

14. Estimated annual maintenance cost after the building has been rehabilitated or has been completed: \$ \_\_\_\_\_

15. Are the funds required for maintenance of the building in place? Yes ( ) No ( )  
If yes, please identify the amounts and funding sources below:

SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

16. Describe the purpose for which the structure will be used after renovation or rehabilitation:

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17. No. of persons that the program will serve annually: \_\_\_\_\_

18. Annual cost of the operation of this program: \$ \_\_\_\_\_

19. Are the funds required to operate the program in place? Yes ( ) No ( )  
If yes, identify the amounts and funding sources below:

SOURCE	AMOUNT
_____	\$ _____
_____	\$ _____

## SECTION 5: WATER, SEWER, AND SITE IMPROVEMENTS

**Complete this section only if CDBG funds are required for the construction or improvement of roads, sidewalks, playgrounds, pipelines or other water and sewer facilities.**

1. Type of work to be performed (select one or more):
  - Roads
  - Water lines or water facilities
  - Sanitary Sewer lines or sewer facilities
  - Manholes
  - Storm Sewer
  - Sidewalks
  - Streetscape improvements
  - Playground
  
2. Identify the neighborhood(s) to be served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Number of construction jobs expected to be created/retained: \_\_\_\_\_
  
4. Provide the information below, as applicable
  - (a) Number of manholes to be installed: \_\_\_\_\_
  - (b) Total length of sewer lines to be installed: \_\_\_\_\_
  - (c) Total length of pipelines to be installed: \_\_\_\_\_
  - (d) Length of sidewalk to be installed: \_\_\_\_\_
  - (e) Length of road to be installed or improved: \_\_\_\_\_
  - (f) Area of playground to be installed: \_\_\_\_\_
  
5. Required Funding:
  - (a) Total project cost: \$ \_\_\_\_\_
  - (b) Amount of CDBG funds required for this purpose: \$ \_\_\_\_\_

6. **Proposed Budget**

<i>Category</i>	<i>Total Cost</i>	<i>Amount of CDBG Funds Required</i>	<i>Amount of other Funds Available</i>
Project Design & Engineering	\$	\$	\$
Construction Services	\$	\$	\$
Construction Management	\$	\$	\$
<b>Other Project Cost</b>			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.			
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

7. Sources and amounts of other funds available or required to carry out the project listed under “Amount of Other Funds Available” above:

<b>SOURCES</b>	<b>AMOUNTS</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. Does the organization have any written commitment(s) of these funds? Yes ( ) No ( )  
 If yes, attach letter(s) of commitment. If no, date(s) by which commitment(s) will be secured:

<b>SOURCE</b>	<b>DATE</b>
_____	_____
_____	_____
_____	_____

**SECTION 6: BUSINESS AND ENTREPRENEURIAL DEVELOPMENT**

**Complete this section only if CDBG funds are being sought to expand and/or operate a for-profit business.** Please note that assistance to businesses is normally provided as a loan. The applicant must demonstrate that the assistance is necessary and appropriate in order to create or retain jobs for low to moderate-income persons. The applicant must also demonstrate that the assistance is not available from another funding source.

1. In order to be eligible for CDBG funding under this category, the applicant must demonstrate extenuating circumstances which threaten the viability of the business. Select from below the justification(s) which applies to your business. Please attach supporting documentation as applicable:
  - ( ) The returns to be realized for the business are too low to motivate the businessperson to proceed without assistance;
  - ( ) The business does not have sufficient equity funds to proceed on its own, and private institutions will not lend any funds; and
  - ( ) The area from which it is necessary for the business to operate in order to generate the desired public benefits will cost more than other available sites.
  
2. Total amount of financial resources required for the project to be feasible: \$ \_\_\_\_\_
  
3. Amount of CDBG funds required: \$ \_\_\_\_\_
  
4. Purpose for which CDBG funds will be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Period of time over which CDBG funds will be used: \_\_\_\_\_ months
  
6. If the applicant is a for-profit organization, would the entity accept a loan? ( ) Yes ( ) No
  
7. Number of jobs expected to be created/retained: \_\_\_\_\_
  
8. Please describe any other public benefit to be derived from the project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Proposed Budget**

<i>Category</i>	<i>Total Cost</i>	<i>Amount of CDBG Funds Required</i>	<i>Amount of other Funds Available</i>
Supplies	\$	\$	\$
Equipment (for project execution)	\$	\$	\$
Salaries	\$	\$	\$
Rent	\$	\$	\$
<b>Other Operating Costs</b>			
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.			
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

10. Sources and amounts of other funds available or required to carry out the project listed under “Amount of Other Funds Available” above:

<b>SOURCES</b>	<b>AMOUNTS</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

11. Does the organization have any written commitment(s) of these funds? Yes ( ) No ( )  
 If yes, attach letter(s) of commitment. If no, date(s) by which commitment(s) will be secured:

<b>SOURCE</b>	<b>DATE</b>
_____	_____
_____	_____
_____	_____

## SECTION 7: PROVISION OF SERVICES

**Complete this section only if CDBG funds are required to operate a program such as training, counseling, after-school programs, operation of soup kitchens, etc.** Please note that a maximum of 15% of the Territory's grant allocation may be used for public service projects. For the last several years, the average amount of funding provided to each public service project was \$20,000.

1. Describe the services to be provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Physical address from which the services will be provided:  
\_\_\_\_\_
3. Is the building properly zoned for the proposed use?      Yes ( )      No ( )
4. Hours of operation of the proposed program:  
\_\_\_\_\_
5. Describe the number and common characteristics of the persons to be directly served by the program (*e.g., 32 low-income youths between the ages of 17 and 22*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe other indirect beneficiaries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Is the applicant licensed by the Department of Human Services? Yes ( )      No ( )
8. Has the applicant previously provided the services being proposed? Yes ( )      No ( )  
If yes, how long has the applicant been providing these services? \_\_\_\_\_

9. What was the program's primary source of financing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How many persons were served in each of the previous cycles? \_\_\_\_\_

11. How did the organization measure the success of its program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. How does the experience of the organization relate to its role in providing the proposed services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe the administrative, managerial and operational capabilities of the organization's staff. Please also identify those members of the staff that would be involved in providing the proposed services.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets, if necessary)

14. Describe your client screening, intake and selection process – i.e., how and when client assessment will be performed, and by whom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What distinguishes your program from other programs providing similar services?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete Items 15 and 16 below only if the organization is currently providing the proposed services. If the organization is not currently providing the proposed services, skip to Item 17.**

15. Will CDBG funds be used to increase the number of people served by your existing program?    Yes ( )                      No ( )

16. List your current services and the additional services:

<b>CURRENT SERVICES</b>	<b>ADDITIONAL SERVICES TO BE OFFERED BY PROPOSAL</b>
_____	_____
_____	_____
_____	_____
_____	_____

17. Estimated cost of the services for which CDBG funds are being sought: \$ \_\_\_\_\_

**18. PROPOSED BUDGET**

<i><b>CATEGORY</b></i>	<i><b>CDBG FUNDS</b></i>	<i><b>OTHER FUNDS</b></i> <i>(Identify other funds available or committed)</i>
Personnel Services	\$	\$
Material & Supplies	\$	\$
Travel	\$	\$
Equipment	\$	\$
Advertisement	\$	\$
Rent	\$	\$
<b><i>OTHER (please specify)</i></b>		
1. Water	\$	\$
2. Electricity	\$	\$
3. Insurance	\$	\$
4.	\$	\$
<b><i>TOTAL</i></b>	<b>\$</b>	<b>\$</b>

19. Sources and amounts of other funds available or required to carry out the project listed under "Other Funds Available" above:

<b>SOURCES</b>	<b>AMOUNTS</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

20. Does the organization have any written commitment(s) of these funds? Yes ( ) No ( )  
 If yes, attach letter(s) of commitment. If no, indicate date(s) by which commitment(s) will be secured:

<b>SOURCE</b>	<b>DATE</b>
_____	_____
_____	_____
_____	_____

21. If your program receives CDBG funds for this funding cycle, how will it continue to operate once the CDBG funding has been exhausted?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. Personnel to be paid with and without program funds

Position Title	#of Persons	Duration of Employment		# of hours weekly	Total # of hours	Hourly Rate	Total Payment	Amount to be Paid from CDBG funds
		From	To					
<b>TOTAL</b>								

23. Describe the job duties for each position that will be participating in this program listed above (attach separate sheet(s) if necessary)

## **D-U-N-S REQUEST BY PHONE**

### **For U.S., Puerto Rico, and US Virgin Islands Requests only**

Contact the D&B Government Customer Response Center

**U.S. and U.S. Virgin Islands: 1-866-705-5711**

**Alaska and Puerto Rico: 1-800-234-3867 (Select Option 2, then option 1)**

Monday – Friday 7 AM to 8 PM C.S.T.

The process to request a D-U-N-S ® Number by telephone takes between 5 and 10 minutes

You will need to provide the following information:

- Legal Name
- Tradestyle, Doing Business As (DBA), or other name by which your organization is commonly recognized
- Physical Address, City, State and Zip Code
- Mailing Address ( if separate)
- Telephone Number
- Contact Name
- SIC Code ( Line of Business)
- Number of Employees at your location
- Headquarters name and address (if there is a reporting relationship to a parent corporate entity)
- Is this a home-based business?