



# VIHFA

VIRGIN ISLANDS  
Housing Finance Authority

[www.vihfa.gov](http://www.vihfa.gov)

***COMMUNITY DEVELOPMENT BLOCK GRANT  
PROGRAM APPLICATION FOR FUNDING  
PROGRAM YEAR 2024***

**APPLICATION DEADLINE DATE: March 15, 2024**

---

**St. Thomas Office**  
3202 Demarara Plaza, Suite 200  
St. Thomas, VI 00802-6447  
(340) 777-4432

**St. Croix Office**  
100 Lagoon Complex, Suite 4  
Frederiksted, St. Croix, VI 00840  
(340) 772-4432

## **INVITATION FOR PROJECT PROPOSALS**

The Community Development Block Grant Program invites the public to submit project proposals to be considered for funding from the 2024 grant allocation.

To request an application, please call our St. Thomas or St. Croix office between the hours of 8:00 AM to 5:00 PM Monday through Friday, excluding holidays.

**The deadline for returning the proposals is Friday, March 15, 2024, at 3:00 P.M. Atlantic Standard Time. Please note that proposals will not be accepted after the deadline.**

Prospective applicants must attend one of the **MANDATORY** orientation sessions as follows:

<b>Applicant Orientation Session Information</b>	
<b><u>Session A</u></b>	<b><u>Session B</u></b>
Date: <b>Tuesday, February 13, 2024</b>	Date: <b>Thursday, February 29, 2024</b>
Time: <b>5:30 P.M.</b>	Time: <b>10:00 A.M.</b>
<b>Register in advance for this application orientation session using the link below:</b>  <a href="https://us02web.zoom.us/meeting/register/tZEvd2vrDIvGtQEx88Ao8r1BsNEwztBcK7q">https://us02web.zoom.us/meeting/register/tZEvd2vrDIvGtQEx88Ao8r1BsNEwztBcK7q</a>  After registering, you will receive a confirmation e-mail containing access information for joining the orientation via Zoom.	<b>Register in advance for this application orientation session using the link below:</b>  <a href="https://us02web.zoom.us/meeting/register/tZUsce6hqDMiHtKqsD9Mn-2qA78vHKI6AwAR">https://us02web.zoom.us/meeting/register/tZUsce6hqDMiHtKqsD9Mn-2qA78vHKI6AwAR</a>  After registering, you will receive a confirmation e-mail containing access information for joining the orientation via Zoom.

For more information or assistance with the application, please call Ms. Jennifer Jones, CDBG Program Manager or Ms. Samalia Wyllis, CDBG Associate Planner I at (340) 777-4432 (St. Thomas/St. John) and Kalimah Henry, CDBG Associate Planner II at (340) 772-442 (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 2024-25 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 UEI, Unique Entity ID.** Instructions to apply for a UEI through System of Award Management (SAM) are 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 facilities, 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: If CDBG funds are requested to lease property for 15 or more years to operate a public service program, this should be included at Section 3 (Acquisition of Real Property).
7. **Page 27:** Instructions to apply for a UEI at SAM.gov. *Effective April 4, 2022, the Dun & Bradstreet's Data Universal Numbering System (DUNS) has become obsolete. Each organization is required to obtain a new Unique Entity ID (UEI) which is issued within the System of Award Management (SAM).*

Funded activities should be ready to start on **January 1, 2025**, 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.** No other cover sheet except the one included in this application shall be used. 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: ( ) \_\_\_\_\_ Cell No: ( ) \_\_\_\_\_
6. Fax No: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_
7. EIN/Tax ID # \_\_\_\_\_ Unique Entity ID (UEI) \_\_\_\_\_
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: \_\_\_\_\_  
 \_\_\_\_\_

**(To be executed by organization's head)**

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

\_\_\_\_\_  
 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, childcare, 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 to for-profit businesses;
- Planning and survey

**B. Need and Appropriateness of Project**

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

---

---

---

---

---

---

---

---

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

---

---

---

---

---

---

---

---

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

---

---

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”):

---

---

### 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 will meet the low/moderate national objective above, 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: The following persons are assumed to be of low to moderate income: elderly, severely disabled adults, homeless persons, illiterate adults, migrant farm workers, abused children, persons with AIDS or battered spouses
- ( ) 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 maps 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 limited clientele, 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: \_\_\_\_\_  
Identify location of proposed project on Estate Map included as an attachment
3. Neighborhood or census tract in which project is located \_\_\_\_\_  
Identify location of proposed project on Census Map included as an attachment
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 2020 – 2024.

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

---



---

**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 (2025)</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) \_\_\_\_\_  
*(Please identify location of proposed project on Estate Map included as attachment)*

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 \$ \_\_\_\_\_

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. Attach pictures of the subject property or e-mail pictures of the subject property to [jjones@vihfa.gov](mailto:jjones@vihfa.gov) and [swyllis@vihfa.gov](mailto:swyllis@vihfa.gov), if the project is located in the St. Thomas/St. John District or [khenry@vihfa.gov](mailto:khenry@vihfa.gov), if the project is located in the St. Croix District.

**SECTION 4: CONSTRUCTION ACTIVITIES**

**Complete this section only if CDBG funds are required for the construction of a new 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:

*(Please also identify location of proposed project on Estate Map included as attachment)*

Island	Plot #	Parcel #	Estate Name
--------	--------	----------	-------------

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 \_\_\_\_\_

(e) Was the property to be assisted built prior to 1978? Yes ( ) No ( )

If built before 1978, indicate whether the property has been tested for the presence of Lead- Based Paint: Yes ( ) No ( )

If yes, please submit a copy of the final report with this application.

\*If no, complete and submit the Lead Safe Housing Rule – Applicability Form found on page 35 of this application.



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. Name of Present Owner of record: \_\_\_\_\_

7. If the applicant already has control of the property, please attach a copy of evidence of site control as applicable - e.g., property deed; land contract or sales agreement; Offer to Purchase, letter of intent to sell, or other evidence of intent to acquire; lease agreement

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**

***For projects which entail rehabilitation or renovation of an existing building, please attach a construction estimate prepared by an architect, engineer, or licensed contractor. Your application will be considered incomplete until the estimate is submitted.***

<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.	\$	\$	\$
<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:

**SOURCES**

**AMOUNTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

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:

**SOURCE**

**DATE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Attach pictures of the subject property or e-mail pictures of the subject property to [jjones@vihfa.gov](mailto:jjones@vihfa.gov) and [swyllis@vihfa.gov](mailto:swyllis@vihfa.gov), if the project is located in the St. Thomas/St. John District or [khenry@vihfa.gov](mailto:khenry@vihfa.gov), if the project is located in the St. Croix District.

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

*Check as many as may apply:*

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

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

*Check as many as may apply:*

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

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

*Check as many as may apply:*

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

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

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

<b>SOURCE</b>	<b>AMOUNT</b>
_____	\$ _____
_____	\$ _____

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

<b>SOURCE</b>	<b>AMOUNT</b>
_____	\$ _____
_____	\$ _____

## 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
  - Parking including ADA
  - Telecommunications infrastructure
  
2. Identify the neighborhood(s) to be served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Please attach pictures of the subject property.
  
4. Number of construction jobs expected to be created/retained: \_\_\_\_\_
  
5. 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 construction and improved: \_\_\_\_\_
  - (g) Number of parking space to be created: \_\_\_\_\_
  - (h) Number of residential customers provided with new or improved internet service  
\_\_\_\_\_
  
6. Required Funding:
  - (a) Total project cost: \$ \_\_\_\_\_
  - (b) Amount of CDBG funds required for this purpose: \$ \_\_\_\_\_

7. **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>

8. 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>
_____	\$ _____
_____	\$ _____
_____	\$ _____

9. 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>
_____	_____
_____	_____
_____	_____

10. Attach pictures of the subject property or e-mail pictures of the subject property to [jjones@vihfa.gov](mailto:jjones@vihfa.gov) and [swyllis@vihfa.gov](mailto:swyllis@vihfa.gov), if the project is located in the St. Thomas/St. John District or [khenry@vihfa.gov](mailto:khenry@vihfa.gov), if the project is located in the St. Croix District.

## 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 will be provided as a loan unless there are extenuating circumstances. 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 person(s) the business currently employs: \_\_\_\_\_
8. Number of jobs expected to be created/retained: \_\_\_\_\_
9. Please describe any other public benefit to be derived from the project:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. 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>

11. 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>
_____	\$ _____
_____	\$ _____
_____	\$ _____

12. 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 has been \$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 currently licensed by the Department of Human Services? Yes ( ) No ( )  
\* License will require if the proposed program will serve children under the age of 15.
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 program's 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 16 and 17 below only if the organization is currently providing the proposed services. If the organization is not currently providing the proposed services, skip to Item 18.**

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

17. List your current services and the additional services:

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

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

**19. PROPOSED BUDGET**

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

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

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

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:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. 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>								

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

---



---



---

# Request a Unique Entity ID through SAM.gov

- The Unique Entity ID (UEI) is a 12-character alphanumeric value.
- The Unique Entity ID (UEI) is issued by the federal government as part of SAM <https://sam.gov/content/home>

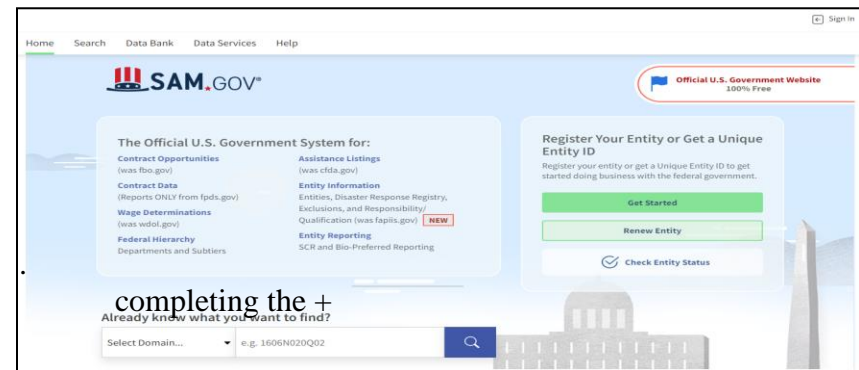
You will need to provide the following information to get a Unique Entity ID:

- ✓ Legal Business/Entity Name
- ✓ Physical Address, City, State and Zip Code (No P.O. Boxes)
- ✓ Start Year or Year of Incorporation
- ✓ State of Incorporation
- ✓ National Identifier (Entities based outside the U.S.)

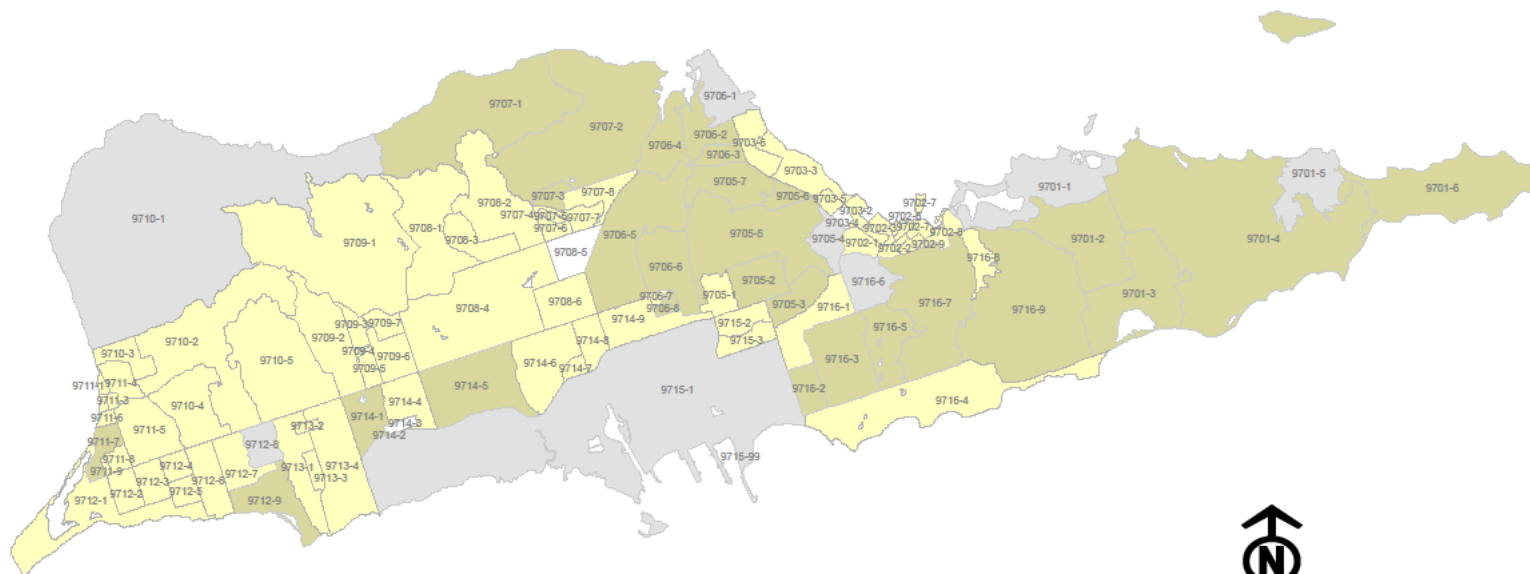
- ❖ Click on the **Sign In** button in the top right corner of the screen or the **Get Started** icon under Register Your Entity or Get a Unique Entity ID box to begin the process.
  - Please note: You don't have to register to get a Unique Entity ID.

- ❖ Select the option to obtain a Unique Entity ID *only*.

- ❖ **Helpful tip:** Play the “How to get a Unique Entity ID” video on the initial [sam.gov/content/home](https://sam.gov/content/home) page for steps to process.



# CENSUS MAP – ST. CROIX



1:88,000



## Legend

### Low to Moderate Income

#### Population (percent)

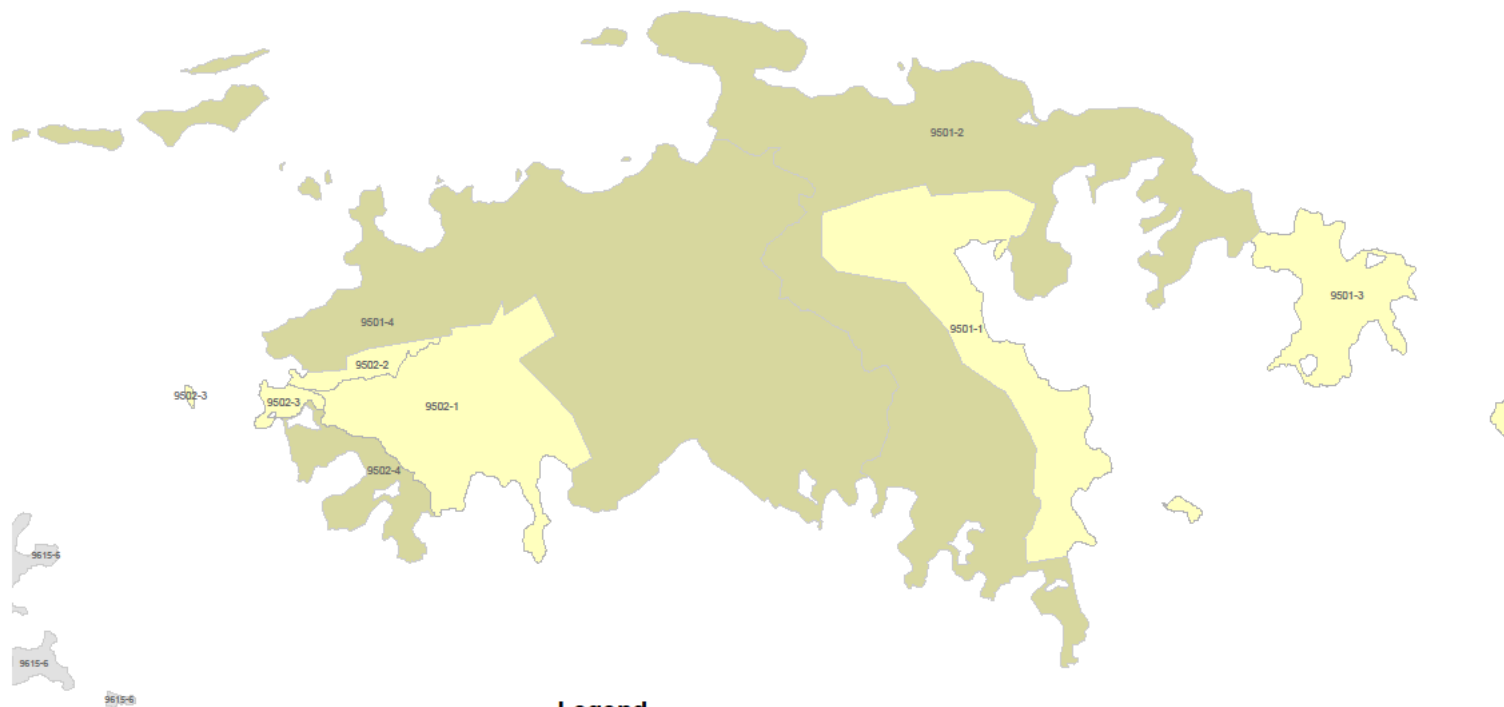
- Under 33%
- 33%-50%
- Greater than 50%

Map Prepared:  
 September 2008  
 Conservation Data Center  
 Eastern Caribbean Center  
 University of the Virgin Islands  
 #2 John Brewer's Bay  
 St. Thomas, U.S.V.I. 00802

Source:  
 U.S. Department of Housing  
 and Urban Development's Homes  
 and Communities  
 Web site at: <http://www.hud.gov/offices/cpd/systems/census/lowmod/index.cfm>

Census 2000 Low and Moderate Income  
 St. Croix, VI

# **CENSUS MAP – ST. JOHN**



## **Legend**

### **Low to Moderate Income**

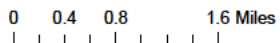
#### **2000 Population (Percent)**

- Under 33%
- 33%-50%
- Greater than 50%



1:47,724

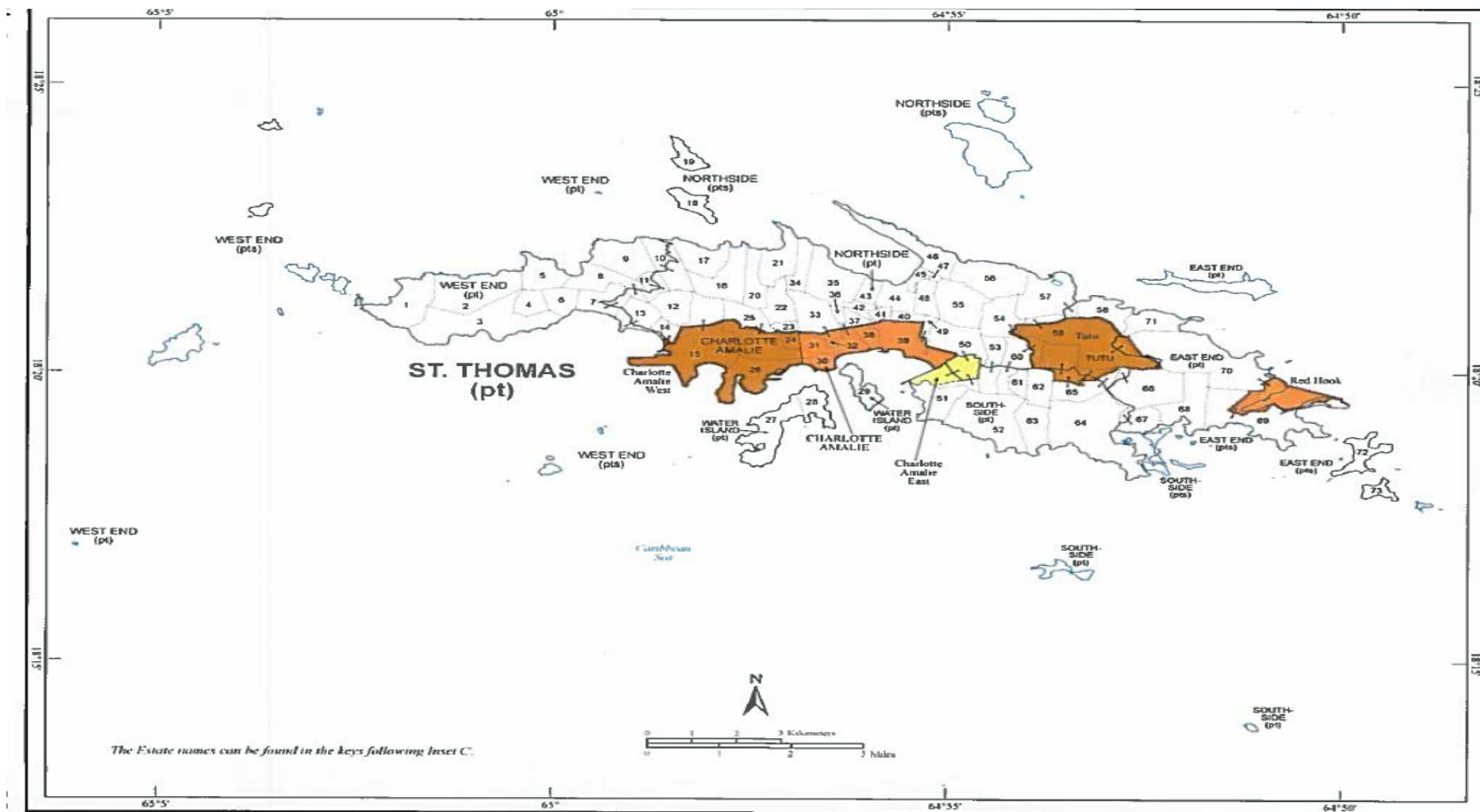
**Census 2000 Low and Moderate Income  
St. John, VI**



Map Prepared:  
September 2008  
Conservation Data Center  
Eastern Caribbean Center  
University of the Virgin Islands  
#2 John Brewer's Bay  
St. Thomas, U.S.VI 00802

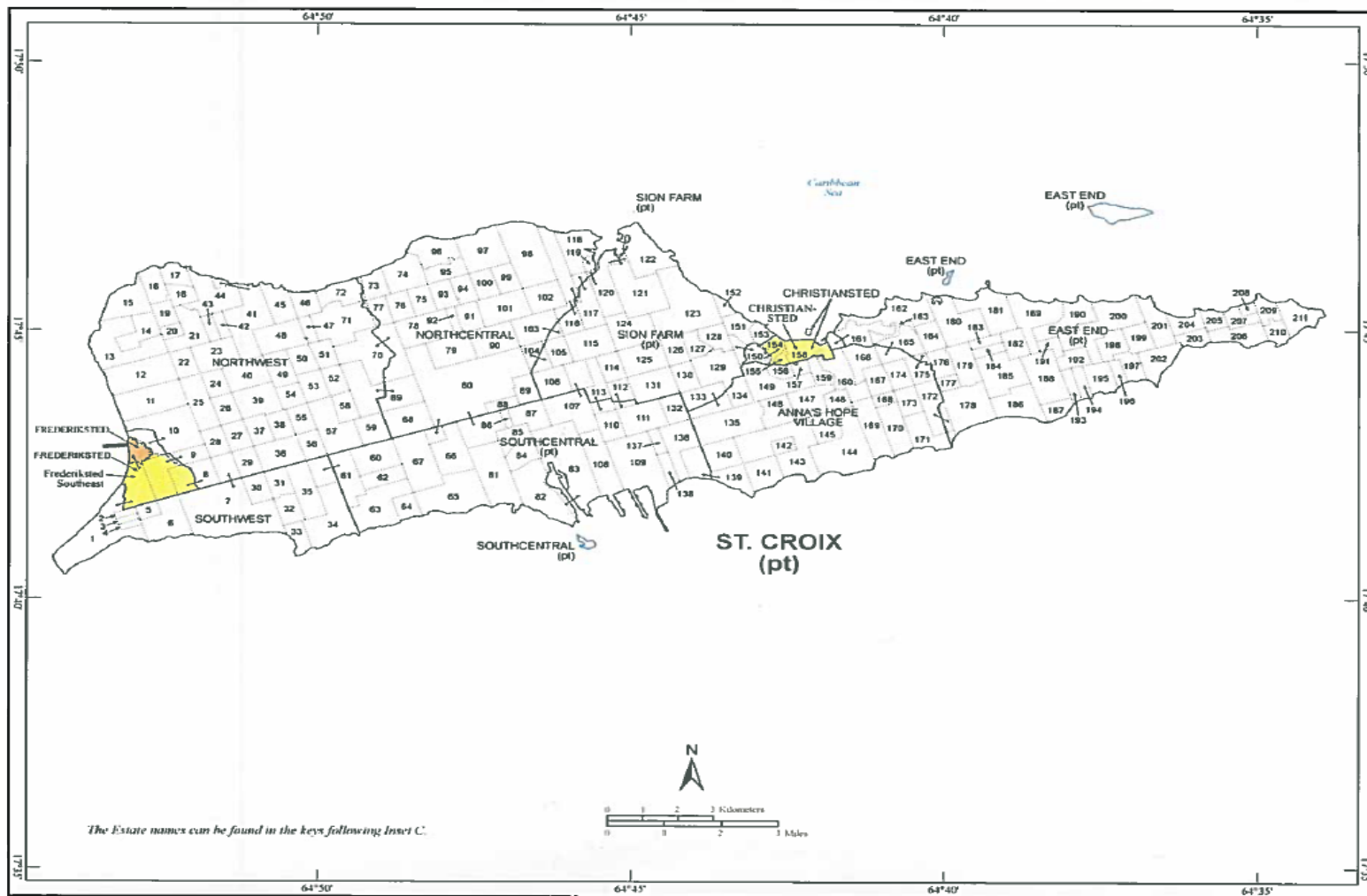
Source:  
U.S. Department of Housing  
and Urban Development's Homes  
and Communities  
Web site at: <http://www.hud.gov/offices/cpd/systems/census/lowmod/index.cfm>

# CENSUS MAP – ST. THOMAS

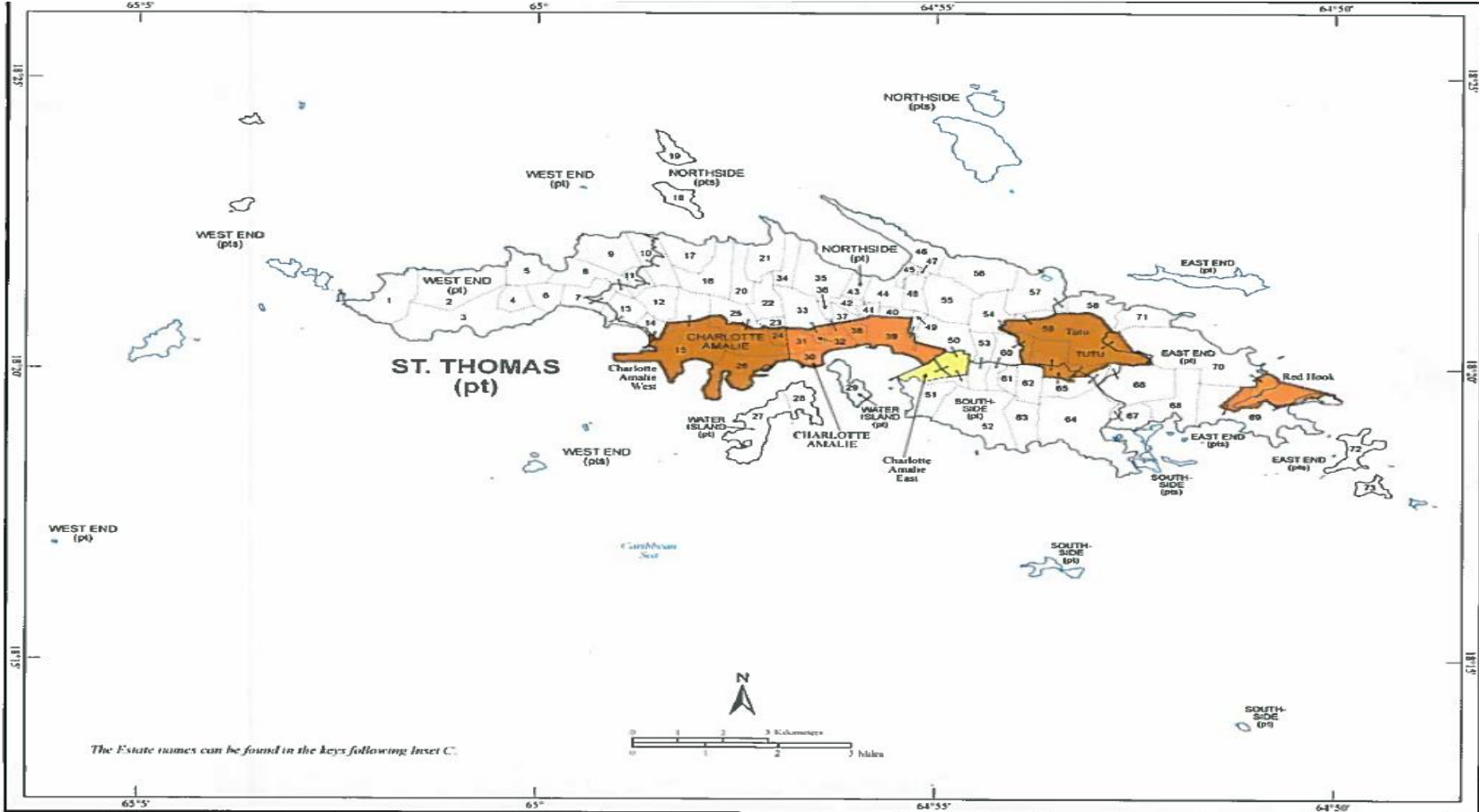




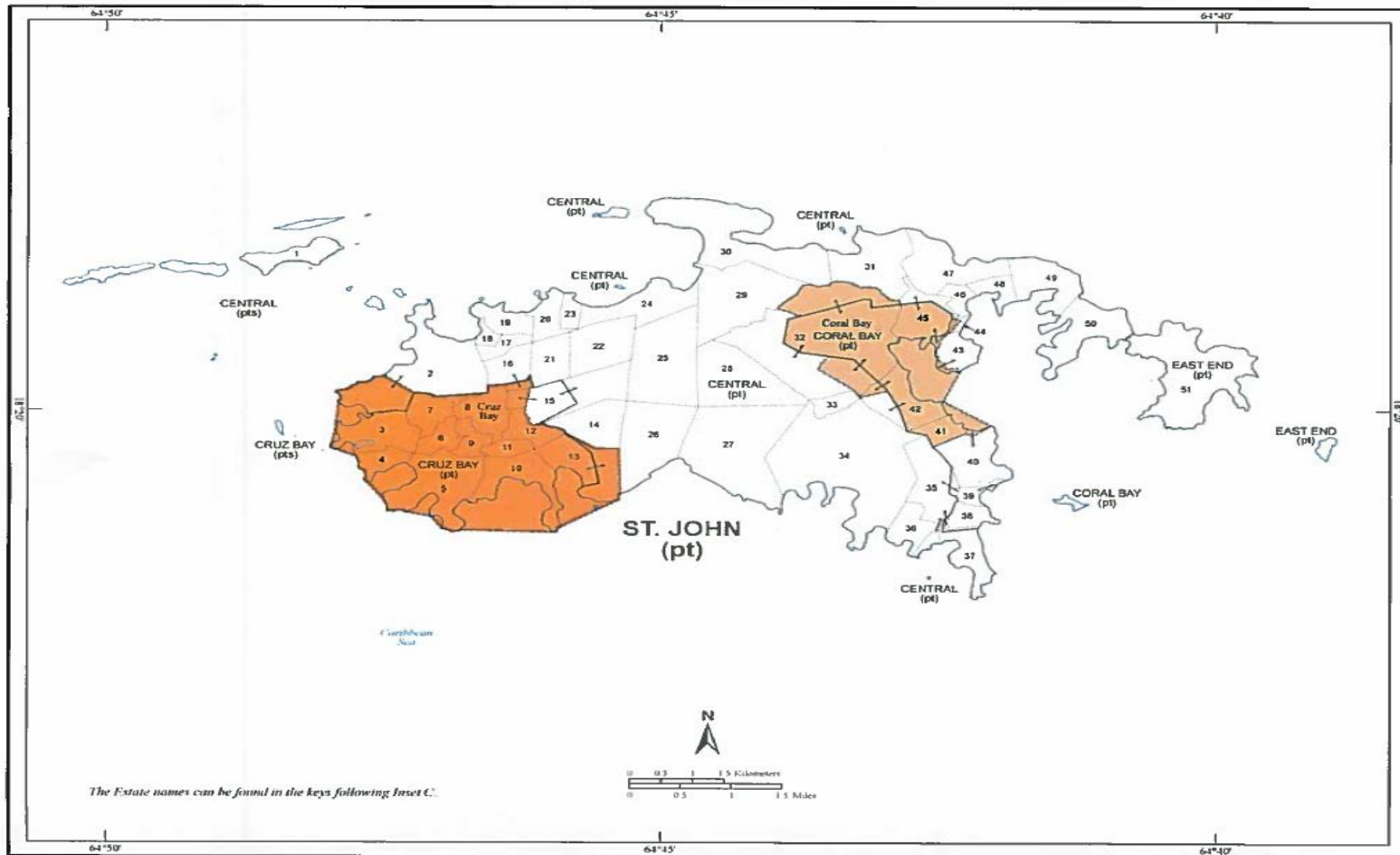
# ESTATE MAP - ST. CROIX



# ESTATE MAP - ST. THOMAS



# ESTATE MAP - ST. JOHN



## Key to Estates (sorted numerically by key number)

### ST. CROIX

1 Two Brothers  
 2 Whites Bay 1  
 3 White Lady  
 4 Whites Bay 2  
 5 Stony Ground  
 6 Hannahs Rest  
 7 Whim  
 8 Concordia West  
 9 Wheel of Fortune  
 10 La Grange  
 11 Prosperity West  
 12 William  
 13 Sprat Hill  
 14 Mount Washington and Washington Hill  
 15 Northside  
 16 Hama Bay  
 17 Hama Bluff  
 18 Caledonia  
 19 Nicholas  
 20 North Hall  
 21 Mount Victory  
 22 Punch  
 23 Oxford  
 24 Jolly Hill  
 25 Little La Grange  
 26 Brooks Hill  
 27 St. Georges Hill  
 28 Fredenishaab  
 29 Carlton 2  
 30 Carlton 1 North  
 31 Cane  
 32 Carlton 1 South  
 33 Cain Carlton  
 34 Enfield Green  
 35 Williams Delight  
 36 Hogensborg  
 37 Cane Valley  
 38 Waldberggaard  
 39 Becka Grove  
 40 Orange Grove West  
 41 Annaly  
 42 Rose Hill  
 43 Pleasant Valley West  
 44 Spring Garden  
 45 Wills Bay  
 46 Sweet Bottom  
 47 Boduin  
 48 Mount Stewart  
 49 Montpellier West  
 50 Two Friends  
 51 Hard Labor  
 52 Plessen 1  
 53 Springfield  
 54 Allendale  
 55 Hope West  
 56 Mountain  
 57 St. George  
 58 Grove Place  
 59 Plessen 2  
 60 Mount Pleasant West  
 61 Diamond West  
 62 Paradise  
 63 Bettys Hope  
 64 Envy  
 65 Mannings Bay  
 66 Golden Grove  
 67 Adventure  
 68 Lower Love  
 69 Upper Love  
 70 River  
 71 Fountain  
 72 Prosperity East  
 73 North Star  
 74 Cane Bay  
 75 Mount Eagle  
 76 Solitude West  
 77 Parasol  
 78 Hermitage  
 79 Colquhoun  
 80 Bethlehem Old Works  
 81 Bethlehem Middle Works  
 82 Angulle  
 83 Blessing  
 84 Annaberg and Shannon Grove  
 85 Profit  
 86 Kingshill  
 87 Clifton Hill  
 88 Upper Bethlehem  
 89 Body Slob South  
 90 Mon Bijou South  
 91 Little Fountain  
 92 Mon Bijou North

93 Canaan  
 94 Betsys Jewel  
 95 Belvedere  
 96 La Vallee  
 97 Rust Up Twist  
 98 Clairmont  
 99 Bonne Esperance 1  
 100 Mount Pleasant East 2  
 101 Lebanon Hill  
 102 Windsor  
 103 Glynn  
 104 Body Slob North  
 105 Bonne Esperance 2  
 106 La Reine  
 107 Barran Spot 2  
 108 Hope East  
 109 Jerusalem and Figtree Hill  
 110 Cottage  
 111 Castle Coakley  
 112 Diamond East  
 113 Strawberry Hill  
 114 Ruby  
 115 Marys Fancy  
 116 Concordia East  
 117 Morning Star South  
 118 Salt River  
 119 Morning Star North  
 120 Montpellier East  
 121 St. John  
 122 Judiths Fancy  
 123 La Grande Princess  
 124 Rattan  
 125 Sion Hill  
 126 Thomas  
 127 Bellevue  
 128 Little Princess South  
 129 Beeston Hill  
 130 Constitution Hill  
 131 Sion Farm  
 132 Peters Rest  
 133 Annas Hope  
 134 Grange  
 135 Work and Rest  
 136 Pearl  
 137 Cassava Garden  
 138 Ramen Spot 1  
 139 Cane Garden  
 140 Retreat  
 141 Diamond Keturah  
 142 Corn Hill  
 143 Granard  
 144 Longford  
 145 Grange Stock  
 146 Spring Gut  
 147 Bugby Hole  
 148 Catherines Rest  
 149 Hermon Hill  
 150 Orange Grove East  
 151 Golden Rock  
 152 Little Princess North  
 153 Fangselet  
 154 Richmond  
 155 Friedensthal  
 156 Contentment  
 157 Peters Farm  
 158 East Street  
 159 Recovery Hill  
 160 Mount Welcome  
 161 Altona  
 162 Shoys  
 163 Roberts Hill  
 164 Mount Pleasant East 1  
 165 Boeltzberg  
 166 St. Peters  
 167 Elizbs Retreat  
 168 La Press Valley  
 169 The Springs  
 170 Castle Nugent  
 171 Fareham  
 172 Patronella  
 173 Prospect Hill  
 174 Carina  
 175 Lowry Hill  
 176 Marienhøj  
 177 Sallys Fancy  
 178 Hartman  
 179 Sight  
 180 Southgate  
 181 Green Cay  
 182 Seven Hills  
 183 All for the Better  
 184 Tipperary

185 Union and Mount Washington  
 186 Great Pond  
 187 Mount Fancy  
 188 Cotton Grove  
 189 Coakley Bay  
 190 Solitude East  
 191 Pleasant Valley East  
 192 Gumba Land  
 193 Little Profit  
 194 Mount Retreat  
 195 Wood Cottage  
 196 Yellow Cliff  
 197 Madam Carty  
 198 Hope and Canton Hill  
 199 Catherines Hope  
 200 Cotton Valley  
 201 Teague Bay  
 202 Turner Hole  
 203 South Slob  
 204 North Slob  
 205 North Grapetree Bay  
 206 South Grapetree Bay  
 207 Long Point  
 208 Kramers Park  
 209 Cotton Garden  
 210 Jacks Bay  
 211 A Piece of Land

### ST. JOHN

1 Lovango Cay  
 2 Caneel Bay  
 3 Enighed  
 4 Contant  
 5 Chocolate Hole and Great Cruz Bay  
 6 Bethany  
 7 Pastory  
 8 Glucksberg and Grunwald  
 9 San Souci  
 10 Rendezvous and Ditef  
 11 Parcel of Gift and Regenback  
 12 Bellevue  
 13 Fish Bay  
 14 Sieben  
 15 Beverhoutberg and Esperance  
 16 Susannaberg  
 17 Number 1 of Susannaberg  
 18 Hawkinsnest  
 19 Doria Bay  
 20 Number 1 of Trunk Bay  
 21 Adrian  
 22 Hammar Farm  
 23 Peter Bay  
 24 Great Cinnamon Bay  
 25 Rustenberg and Adventure  
 26 Molendal and Little Reef Bay  
 27 Reef Bay  
 28 Hope  
 29 Maho Bay  
 30 Annaberg  
 31 Leinster Bay  
 32 Carolina  
 33 Bordeaux  
 34 Lameshur  
 35 Concordia B  
 36 Mandal  
 37 Parcel of Concordia  
 38 Concordia A  
 39 Johns Folly  
 40 St. Quaco and Zimmerman  
 41 Calabash Boom  
 42 Little Plantation  
 43 Fortberg  
 44 New Rencbath  
 45 Emmaus  
 46 Zootenvaal  
 47 Browns Bay  
 48 Hermitage  
 49 Mount Pleasant and Retreat  
 50 Haulover  
 51 Hansen Bay

11 Pearl  
 12 Crown and Hawk  
 13 Adelphi  
 14 John Brewers Bay  
 15 Lindbergh Bay  
 16 Dorothea  
 17 Nellieberg  
 18 Inner Brass Island  
 19 Outer Brass Island  
 20 Bonne Resolution  
 21 Hull  
 22 Lillkendal and Marienhøj  
 23 Upper John Dunko  
 24 Lower John Dunko  
 25 Contant  
 26 Nisky  
 27 Western Water Island  
 28 Eastern Water Island  
 29 Hassel Island  
 30 Honduras  
 31 Demarara  
 32 Annas Fancy  
 33 Solberg  
 34 St. Peter  
 35 Lenkenlund  
 36 Staabi  
 37 Agnes Fancy  
 38 Queens Quarter  
 39 Kings Quarter  
 40 Hospital Ground  
 41 Mafolie  
 42 Elizabeth  
 43 Misgunst  
 44 Zufriedenheit  
 45 Magens Bay  
 46 Peterborg  
 47 Herleins Kob  
 48 Canaan and Sherpenjewel  
 49 Ross  
 50 Thomas  
 51 Bakkerø  
 52 Frenchman Bay  
 53 Raphune  
 54 Winberg  
 55 St. Joseph and Rosendal  
 56 Loventund  
 57 Mandal  
 58 Tabor and Harmony  
 59 Annas Retreat  
 60 Donoe  
 61 New Hemhuth  
 62 Hoffman  
 63 Bolongo  
 64 Bovoni  
 65 Charlotte Amalie  
 66 Langmath Mariendal  
 67 Nadr  
 68 Frydenhøj  
 69 Nazareth  
 70 Smith Bay  
 71 Frydendal  
 72 Great St. James Island  
 73 Little St. James Island

### ST. THOMAS

1 Little St. Thomas  
 2 Bordeaux  
 3 Fortuna  
 4 Fortuna Hill  
 5 Hope  
 6 Perseverance  
 7 Bonne Esperance  
 8 Santa Maria  
 9 Sorgerfri  
 10 Carel Bay

**LEAD-SAFE HOUSING RULE –APPLICABILITY FORM**

**Address/location of subject property:**

**Regulation Eligibility Statements (check all that apply):**

\_\_\_\_ Property is receiving OR applying for federal funds

\_\_\_\_ Unit was built prior to 1978.

Note: If both Eligibility Statements above have been checked, continue with the Exemption Statements below. Otherwise, the regulation does not apply, sign and date the form.

**Regulation Exemption Statements [24 CFR 35.115] (check all that apply):**

\_\_\_\_ Emergency repairs to the property are being performed to safeguard against imminent danger to human life, health, or safety, or to protect the property from further structural damage due to natural disaster, fire, or structural collapse. The exemption applies only to repairs necessary to respond to the emergency.

\_\_\_\_ The property will not be used for human residential habitation. Note: This exemption *does not* apply to common areas such as hallways and stairways of residential and mixed-use properties.

\_\_\_\_ Housing “exclusively” for the elderly or persons with disabilities, with the provision that children less than six years of age *will not* reside in the dwelling unit.

\_\_\_\_ An inspection performed according to HUD standards found the property contained no lead-based paint.

\_\_\_\_ According to documented methodologies, lead-based paint has been identified and removed; and the property has achieved clearance.

\_\_\_\_ The proposed rehabilitation will not disturb any painted surface.

\_\_\_\_ The property has no bedrooms.

\_\_\_\_ The property is currently vacant and will remain vacant until demolition.

If any of the above Exemption Statements have been checked, the Regulation does not apply. In all cases, sign, and date the form.

I, \_\_\_\_\_, certify that the information listed above is true and accurate to the  
(Printed Name)

best of my knowledge.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Organization