

RESOLUTION NO. 17

**A RESOLUTION OF THE CITY OF SHORELINE, WASHINGTON,
AUTHORIZING THE CITY MANAGER TO SUBMIT COMMUNITY
DEVELOPMENT BLOCK GRANT APPLICATIONS ON BEHALF OF
THE CITY**

**BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF
SHORELINE, WASHINGTON, AS FOLLOWS:**

Section 1. Authorization. The City Manager is authorized to submit the Community Development Block Grant fund applications in the form attached as Exhibit A, hereto.


Section 2. Effective Date. This resolution shall be effective immediately upon passage by the City Council.

Section 3. Ratification and Confirmation. Any acts made consistent with the authority and prior to the effective date of this resolution are ratified and confirmed

ADOPTED BY THE CITY COUNCIL ON JULY 10, 1995


Mayor Connie King

ATTEST:


Marie K. O'Connell, CMC
Interim City Clerk

1996 Application Form
King County Community Development Block Grant Program
County and Small Cities Fund

Application Number: _____

Date Received: _____

Please read through the Application Checklist, Application Instructions and Application Guidelines before filling out this application. Do not use more space than what is provided. Attaching materials, other than those requested, is neither encouraged nor to your advantage.

1. Title of Proposed Project

Shoreline Planning Study: Housing and Community Development Needs and Strategies

2. Project Location

City-wide

3. Proposed Use of CDBG Funds (Summarize in one sentence what the CDBG funds would be used for):

CDBG funds will be used to hire ARCH, a consultant, and/or city staff to assist the new City of Shoreline (1) in assessing low income housing and community development needs, and (2) in developing housing and community development strategies.

4. Project Cost

(a) CDBG funds requested \$28,000 _____

(b) Total Project Cost: \$ _____

5. Applicant Name and Address:

Fred Wilmeth, City Manager

City of Shoreline

Authorized Signature of Applicant:



Signature

Fred Wilmeth, City Manager

Name and Title

Applicants must submit a copy of their Board / City Council minutes authorizing submittal of this application (not applicable to requests for continuing public service or housing repair programs, nor to County Departments). Check one.

☐ Copy of Authorization is attached.

☐ Authorization will be submitted by July 7

Contact Person (this must be someone who will be available to answer questions about the project during June, July and August):

Anne Pflug
Name

546-1700
Phone

6. Implementing Agency (if different)

Authorized Signature of Implementing Agency

Signature

Name and Title**Contact Person:**

Name

Phone**7. Need**

Describe the problem or need your program or project is designed to meet in your community. What is the problem/need you are addressing? Quantify this need, including data which confirms or describes the problem or need.

The planning study will help the new city identify and prioritize its housing and community development needs, human service needs, and develop strategies to address those needs. Housing and community development strategies are needed to guide the local investment of federal housing and community development funds, and possibly local funds as well. The development of these strategies can be coordinated with the development of the Comprehensive Plan, especially with the affordable housing policies, which help the city meet its responsibilities to provide for affordable housing according to the Countywide Planning Policies adopted by the Growth Management Planning Council.

8. Threshold #1: Eligible Activity

Project Description

Describe the service, facility or public improvements for which funding is requested. The description for public service projects should contain: (1) program objective, (2) program components and structure, (3) who is to be served, (4) how and when the service will be provided, and (5) by whom (trained volunteers, medical doctors, licensed counselors) the service is to be provided. For capital projects, describe what the finished product will provide after completion and how it will address the problem/need described above.

The precise scope of this study will be determined by the City of Shoreline, and will depend on whether or not other funds are included. While federal housing and community development funds can provide some limited human service operating support, they are predominantly capital dollars. Therefore, the potential scope of this study would be:

- (a) Low income neighborhoods: physical needs of low income neighborhoods, and the business districts serving them, if any (for example, water and sewer; sidewalks, curbs, and gutters; rehabilitation of buildings and houses; neighborhood park facilities; etc.)
- (b) Low income individuals and families: housing, health, and social service needs of low income individuals and families
- (c) Service providers: capital facility needs of Shoreline's major housing and human service providers serving predominantly low income people
- (d) Affordable housing planning: potential land use policies and regulations that may be appropriate for Shoreline to adopt in its comprehensive plan that would encourage affordable housing

Based on the results of this study, the City will adopt housing and community development strategies to guide the local investment of federal housing and community development dollars (and other funds if applicable) and ultimately, affordable housing policies for the Shoreline Comprehensive Plan, consistent with the Countywide Planning Policies.

9. Threshold #2: National Objectives.

There are different ways that proposed activities can address the national objectives. Please check the one way that most closely fits your project, and provide the required documentation as noted in the Application Guidelines, Section 1.

I. Benefit Low- and Moderate-Income Persons

A. _____ Area Benefit.

List Project Census Tract, if known and service area boundaries.

B. Limited Clientele:

- (1) _____ Presumed Benefit
- (2) _____ Agency Maintains Client Information Verifying 51% Low/Moderate Benefit
- (3) _____ Verification of Income Required to Determine Eligibility ("Direct Benefit")
- (4) _____ Nature/Location
- (5) _____ Removal of Architectural Barriers

C. _____ Housing Activities (Residential)

D. _____ Job Creation/Retention

II. Reduce/Eliminate Slums or Blight

A. _____ Area Basis

B. _____ Spot Basis

Documentation/Explanation:

Planning Activity: eligible under 570.208(d)(4)

10. Threshold #3: The applicant or implementing agency must be an eligible recipient in order to receive CDBG funds. Please check the one that most closely fits your project and provide the required documentation as noted.

Private nonprofit organization (attach copy of IRS letter granting 501(c)(3) tax-exempt status and copy of the By-laws, Articles of Incorporation and a list of current board members).

X Government or public agency: City of Shoreline

Other, Explain: _____

[illegible]

11b. Schedule by Task (Planning Projects Only). List milestones for the project in chronological order, and enter a projected completion date for each milestone.

<u>Milestones</u>	<u>Projected Completion Date</u>
Determine Scope of Work	December, 1995
Select Consultant and/or staff and/or ARCH	January, 1996
Assessment Completed	July, 1996
Three-year strategies drafted	August, 1996
Three-year strategies adopted, submitted to King Co. for inclusion in Consortium's H&CD Plan	September, 1996
Affordable housing policies adopted as part of Shoreline Comprehensive Plan	August, 1998

12. Feasibility

Discuss specific factors that demonstrate your organization can successfully manage the proposed project. You should discuss your performance record in carrying out previous/similar projects. Give a description of qualifications (titles, training, certification, previous project implementation, etc.) of key staff and personnel responsible for the project.

15. **Historic Preservation** Will your project affect a structure over 40 years old?

_____ Yes x No

If yes, you must determine if there are any historic preservation requirements, and consider them in you tasks, costs, and scheduling (call Joyce Stahn at 296-8648 for technical assistance).

16. **Tasks and Costs. (Capital Projects Only)** Itemize the costs for each project task, such as design, bidding, and construction; or hiring staff, renting space, and providing services. For construction projects with more than one simple component, be sure to include a breakdown of the different construction components and estimated cost for each component. Allocate personnel services (staff time) to the appropriate tasks. For example, if design will be done in-house and staff time charged to CDBG, reflect those CDBG staff charges as part of the design cost. Each task should be a discrete product of accomplishment. List tasks by sequence of events.

Task	Staff Responsible	Total Cost of Task	CDBG Amount	Amount of Other Funds	Source of Other Funds
<p>_____ Check here if you have a fundraising plan; please attach a copy.</p>	<p>18. \$ _____</p>	<p>19. \$ _____ Total Cost (Same as 4b)</p>	<p>20. \$ _____ Total CDBG (Same as 4a)</p>	<p>Total Other</p>	

17. **Identify Source(s) of Cost Estimates** (please make sure the estimates include federal wage rates where necessary)

18. Other Sources of Funds for the Project

	Source	Check one: Committed	Pending	Amount	Date Available
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____
f.	_____	_____	_____	_____	_____
g.	_____	_____	_____	_____	_____

Total Other Funds _____

* Provide additional information on the status of each pending source identified above; e.g., date you applied or will apply; date you will hear; whether or not you have received these funds in the past, etc.

19. CDBG Budget Summary by Category

(a)	Personnel Services (<u>provide detail below</u>)	_____
(b)	Office or Operating Supplies (does not include construction supplies or equipment; see d and i)	_____
(c)	Consultant or Purchased Services	<u>\$15,000</u>
(d)	Construction Contracts (<u>for construction, attach detailed cost breakdown on separate sheet</u>)	_____
(e)	Real Property Acquisition	_____
(f)	Communications	_____
(g)	Travel and Training	_____
(h)	Intra-agency Support (Cities or County Departments only)	_____
(i)	Capital Outlay - equipment (Specify: _____)	_____
(j)	Other (<u>detail below</u>)	_____
Total CDBG Funds (must be the same as 4a)		<u>\$15,000</u>

20. Budget Detail of Category 19(a), if applicable

<u>Position Title</u>	<u>Annual Salary</u>	<u>Total CDBG Funds Requested</u>
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TOTALS

\$ _____

\$ _____
(Same as 19a)

List each position separately, even if more than one position with the same title.
Mark all administrative positions with an asterisk (*)

*Please identify the number of hours per week equivalent to a full-time (FTE) position for this agency: _____

21. Budget Detail of Category 19(j), if applicable

_____	_____
_____	_____
Total Other (same as 19(j) above)	_____

22. If this is a continuation request for operating support, please attach an explanation describing any major changes especially requests for increases.

23. Project Phasing or Reduction Options

- a. Can your project be funded at a reduced level if necessary? Yes _____ No X
- b. What amount of CDBG funds will be needed at the reduced level? \$ _____
- c. Describe the tasks or accomplishments at this reduced level of CDBG funds. How does this compare to full funding?

24. Project Management. Managing CDBG projects, especially construction projects, can be a very complicated and time consuming task, given all the federal as well as local requirements. The Community Development Section may undertake project management for some public entities. Please check one of the following:

- ___ We would like the Community Development Section to consider being the project manager for this project.
- ___ We will undertake our own project management.

25. Other Federal Requirements (Application Guidelines, Section 2). Please read each of the Other Federal Requirements carefully, and briefly explain how your project addresses or meets each of them. Please respond to each requirement marked with an asterisk (*). Some policies may not be applicable to some proposals: In this case, write N/A in the space provided.

Requirement F-1. Environmental Review

1. A Statutory Checklist is completed and attached to this application (required for all applications except on-going public services or planning projects) Yes ____ No x
2. An Environmental Assessment checklist (EA) is completed and attached in instances where the results of the Statutory Checklist indicate the necessity for an EA. Yes ____ No x
N/A ____
3. If you were unable to complete the applicable checklists, explain why.

Requirement F-2. Supplanting

1. Is the project currently receiving 1995 King County current expense funds? Yes ____ No X
2. What amount of funds? _____
3. For what activities and level of service? _____

4. Will funds be available for the project in 1996? Yes ____ No ____
5. What additional level of service will be provided with CDBG funds? _____

Requirement F-3. Change of Use Restriction

Requirement F-4. Legally Binding Public Interest

1. Is the facility owned by the applicant? Yes ____ No ____
2. If not, provide evidence that a long-term lease can be secured. NA

Requirement F-5. Restriction on Assessments

N/A

Requirement F-6. Equal Opportunity

1. Does your agency employ more than 15 people? Yes _____ No x
 - a. If yes, does your agency have a TDD phone line? Yes _____ No _____
What is the phone number? _____
 - b. If yes, but your agency does not have a TDD phone line, do you participate in the Washington State TDD Relay Service or have some other relay service in place?
Yes _____ No _____
2. Is your facility handicap accessible? Yes _____ No _____
3. Please describe how the programs and services are accessible or will be made accessible to persons with disabilities.

Requirement F-7. Minimizing Loss of Low- and Moderate-Income Dwelling Units

N/A

Requirement F-8. Federal Wage Rates

N/A

Requirement F-9. Mandatory Audit Rule

1. 1996 estimate of total federal funds to be received by the applicant _____
2. Date of last audit (month/year) _____
3. Period covered by last audit _____
4. Date when next planned audit will be conducted _____

Requirement F-10. Lead-Based Paint Abatement

Requirement F-11. Affordable Rents

26. King County Consortium Requirements (Application Guidelines, Section 3). Please read each of the King County Consortium Requirements carefully, and briefly explain how your project addresses or meets each of them. **Please respond to each requirement marked with an asterisk (*).** Some policies may not be applicable to some proposals: In this case, write N/A in the space provided.

Requirement C-1. Consistency with applicable City, County and State Codes, Plans, Policies and Land Use Regulations

This planning project will enable the new city of Shoreline to begin to meet the requirements of the Growth Management Act

Requirement C-2. Implementing Agency Approval

_____ Implementing Agency has signed the application

Requirement C-3. Authorization to Apply for CDBG Funds

_____ Board minutes attached or will be mailed by _____

_____ City Council minutes attached or will be mailed by _____

Requirement C-4. Minimum Proposal Request

 X Request for at least \$5000

Requirement C-5. Limitation on Public Service Project Extensions

_____ Agency acknowledges that ongoing public services projects will not be extended into the following year.

Requirement C-6. Capital Project Deadlines

 Agency acknowledges that capital projects must have CDBG funds obligated in the first year and have completed the project by the end of the second year.

Requirement C-7. Minimizing Displacement and Providing Relocation Assistance

Requirement C-8. Relocation for otherwise Non-CDBG Projects

Requirement C-9. Limitation on Planning and Administration Project Extensions

 X Agency acknowledges that ongoing planning and administration projects will not be extended into the following year.

27. Requirements for County and Small Cities Fund.

(a) **Activity Category.** Please check the category into which your proposed project falls.

Activity Categories:

_____ Public (Human) Service Projects

_____ Community Facility Projects (includes emergency shelters, transitional housing units, and permanent housing units for residents with special service needs)

_____ Public Facility or Improvement Projects

 X Other

(b) Implementation of Strategies and Activities

Review the Strategies and Activities for the King County and Small Cities Fund in the Application Guidelines, Section 5. Check each Activity that the proposed project will implement:

Strategy #1	Strategy #2	Strategy #3	Strategy #4	Strategy #5
Activity #1 _____	Activity #1 _____	Activity #1 _____	Activity #1 _____	Activity #1 _____
Activity #2 <u> X </u>	Activity #2 <u> X </u>	Activity #2 _____	Activity #2 _____	Activity #2 _____
Activity #3 _____	Activity #3 <u> X </u>	Activity #3 _____	Activity #3 _____	
Activity #4 _____	Activity #4 _____			
	Activity #5 _____			
	Activity #6 _____			
Strategy #6	Strategy #7	Strategy #8	Strategy #9	Strategy #10
Activity #1 _____	Activity #1 _____	Activity #1 _____	Activity #1 _____	Activity #1 _____
Activity #2 _____	Activity #2 _____	Activity #2 _____	Activity #2 _____	

(c) King County and Small Cities Criteria

Review the criteria for the King County and Small Cities Fund in the Application Guidelines, Section 4. Briefly explain how your project addresses or meets each of the criteria. Please respond to each item marked with an asterisk (*). If certain criteria are not applicable, write N/A in the space provided.

*1) Benefit to Unincorporated King County and Small Cities Residents

Planning project will provide indirect benefits to small city residents by identifying gaps in the provision of human services or inadequacies to existing public facilities.

*2) Prioritized Capital and Public Service Projects

Nos. 4 to 10 apply to public service projects only:

***3) Competitive Projects**

4) Priority Public Services

5) Low-Income Residents

6) Accessibility

7) Direct Delivery of Services

8) Efficient Use of CDBG Funds

9) Project Meets Needs of Unserved Client Groups

10) Equipment Purchases

Nos. 11 to 16 apply to community facility projects only

11) Use of Facility

12) Operating Funds

13) Regional Participation

14) Documented Need

15) Efficient Use of CDBG Funds

16) Renovations and/or removal of Architectural Barriers

Nos. 17 to 20 apply to public facility or improvement projects only

17) Location

18) Local Effort

19) Future Funding Conditions and Limitations on Funds

20) Coordination

28. Supplemental Information for Nonprofit Organizations (not applicable to cities and public agencies)

- (a) Submit copy of IRS letter granting 501(c)(3) Tax-Exempt Status and a copy of the by-laws, Articles of Incorporation and a list of current board members.
- (b) In two or three sentences, summarize the history and purpose of your agency.

(c) Agency's total 1995 budget \$ _____. Proposed total 1996 budget \$ _____.

(d) Attach a list of revenue sources and amounts for your current annual budget.

(e) Do you anticipate any major changes in revenues in future years? Explain.

- (f) **Insurance Coverage** - Funded agencies will be asked to provide proof of the following insurance coverage.

Please check the appropriate box below to indicate if your organization can obtain each type of coverage. (Waivers may be granted in some instances.)

	Agency can obtain this coverage	Agency cannot obtain this coverage
(1) <u>Public Liability Insurance</u> - \$1,000,000 personal injury and property damage	_____	_____
(2) <u>Fidelity Bonding</u> - for \$100,000 or total award amount or whichever is less	_____	_____
(3) <u>Workers Compensation Coverage</u> - as required by the State of Washington	_____	_____
(4) <u>Automobile Liability</u> - Only if applicable to the project, \$1,000,000 bodily injury and property damage	_____	_____
(5) <u>Professional Liability</u> - Only required when providing professional services, \$1,000,000 errors and omissions.	_____	_____

KING COUNTY MUST BE NAMED AS ADDITIONAL INSURED ON ALL REQUIRED POLICIES

CLIENT CHARACTERISTICS PROFILE

Only applicants for public service and community facility projects must complete this form. To answer section II of this form, please refer to Table I, Income Limits in the Application Guidelines, Section 1.

I. Client Residence

<u>Place</u>	<u>Total Actual 1994 Clients</u>	<u>Total Estimated 1996 Clients</u>
Algona		
Auburn		
Beaux Arts		
Bellevue		
Black Diamond		
Bothell		
Burien		
Carnation		
Clyde Hill		
Des Moines		
Duvall		
Enumclaw		
Federal Way		
Hunts Point		
Issaquah		
Kent		
Kirkland		
Lake Forest Park		
Medina		
Mercer Island		
Milton		
Newcastle		
Normandy Park		
North Bend		
Pacific		
Redmond		
Renton		
SeaTac		
Seattle		
Shoreline		
Skykomish		
Snoqualmie		
Tukwila		
Woodinville		
Yarrow Point		
Unincorporated King County		
Outside of King County		
Unknown		
Total		

II. Household Income Level

30% of Area Median or Below
50% of Area Median or Below
80% of Area Median or Below
Above 80% of Median
Unknown
Total

Total Actual 1994 Clients

Total Estimated 1996 Clients

III. Gender

Male
Female
Total

IV. Age

0-4 years
5-12 years
13-17 years
18-54 years
55-74 years
75+ years
Unknown
Total

V. Ethnicity

Asian/Pacific Islander
Black/African-American
Hispanic/Latino(a)
Native American/Alaskan Native
White/Caucasian
Other
Unknown
Total

VI. Disabling Condition

VII. Limited English Speaking