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|  | **CAPITAL/FACILITY APPLICATION****FOR 2012****(involving acquisition, rehabilitation and improvement of real property)****❖❖❖** |  |
| Information included from the following city ONLY:Shoreline |

**DEADLINE: FRIDAY, MAY 20, 2011 4:30pm to HS@SHORELINEWA.GOV**

**APPLICATION FOR**

 **City of Shoreline Community Development Block Grant (CDBG)**

**CAPITAL FACILITY PROJECTS – 1-Yr. Funding
See last page for Shoreline CDBG Capital Priorities.**

* Limit your answers to the space provided, using a minimum font size of 10.5 points.

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| Agency Information |
| 1. | Agency Name and Address |  | Contact Person:  |
|  |  |  |
|  |  |  | Name |  |
|  |  |  |  |  |
|  |  |  | E-mail address |  |
|  |  |  |  |  |
|  |  |  | (Area Code) Telephone |  |
|  |
| 2. Agency Budget | Approved 2011 | $ | Proposed 2012 | $ |  |
|  |
| 3. Agency Purpose or Mission Statement |
|  |
| Project Summary |
| 4. Title of Proposed Project |
|  |
|  |
| 5. Project Cost CDBG funds requested | $ | Total Project Cost | $ |  |
| Has this project been funded with CDBG in prior years? [ ]  Yes [ ]  No |
| 6. List other financial partners in this project, funding amounts & if the funds have been awarded.  |
| 7. Project Location (if different from Agency Address) |
|  |
| 8. Proposed Use of CDBG Funds: Summarize how CDBG funds will be used and how this project will fill a need. Describe in detail what you plan to acquire, construct, or rehabilitate. Give specific details related to the proposed use of the CDBG funds. Identify the permits that will be required for the project as well as any land use approvals (i.e. lot line adjustment, subdivision, rezone, conditional use, etc.). Provide information on your project staff, including detailing your agencies ability to manage CDBG/Federal funds. Detail the clientele to be served by the project, including demographics and proposed number persons/households served when completed.  |
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| Question 8 continued… |
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| 9. National Objectives for the CDBG Program: Projects must meet one of two national objectives established for the CDBG Program. In Step One, check the applicable space to indicate which national objective your project meets. In Step Two, select how your project meets the objective and attach any required documents. Contact the City to which you are applying for assistance if you are not sure which national objective your proposed project meets. |
| ➊ **Choose one National Objective** |
|  |  | ***National Objective #1 - Activities Benefiting Low- and Moderate-Income Persons***  – this is the most common objective chosen. Proceed directly to Step Two (A). |
|  |
|  |  | ***National Objective #2 - Activities Which Aid in the Prevention or Elimination of Slums or Blight*** – Consult the City to which you are applying, then proceed directly to Step Two (B) |
|  |
|  |
| **➋ How will your project meet the National Objective?** |
| **A** | If you selected Activities Benefiting Low- and Moderate-Income Persons, select *one* of three below: |
|  | **1. Area Benefit:** The project must serve an area which is primarily residential and predominantly low- and moderate-income |
|  |
|  | * Required Attachment: Attach a map indicating the proposed project location and boundaries of the area that will directly benefit from the proposed project. With the attachment, briefly describe how the boundaries of the service area were determined*.* Please contact the City to which you are applying for technical assistance.
 |
|  |
|  |  | **2. Limited Clientele:** The project must be limited to serving a predominantly low- and moderate-income clientele (choose *one* of a, b, c or d) |
|  |
|  |  | (a) Agency Maintains Client Information Verifying at least 51% Low/Moderate Benefit |
|  | * Attach a copy of intake form used to verify client income and household size
 |
|  | What is the annual percentage of low/moderate income persons served? |  | % |
|  |  | (b) Presumed Benefit: The facility will *exclusively* serve: |
|  |  | elderly persons (over age 62) |  | battered spouses |
|  | illiterate adults (not ESL) |  | persons living with AIDS |
|  | homeless persons |  | migrant farm workers |
|  | abused children |  | severely disabled adults |
|  |  |
|  |  | (c) Nature/Location: Facilities which due to their nature or location can reasonably be assumed to serve predominantly low- and moderate-income persons (i.e. food banks, clothing bank, facilities serving residents of public housing) |
|  |
|  |  | (d) Barrier Removal (outside of Area Benefit (1) areas): Projects which reconstruct or rehabilitate existing facilities or public infrastructure in order to remove material or architectural barriers to the mobility of seniors or severely disabled adults. |
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|  |  | **3. Job Creation or Retention:** An activity designed to create or retain permanent jobs where at least 51 percent of the jobs, computed on a full time equivalent basis, involve the employment of low- and moderate-income individuals. Do not select this category before consulting with the City. |
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| **➋ How will your project meet the National Objective?** |
| **B** | If you selected Activities that Aid in the Prevention or Elimination of Slums or Blight and you consulted with the City to which you were applying, select one of the following: |
|  |
|  |  | **Area-wide Basis:** The proposed project must be located in and serve an area which meets a State or local definition of a slum, blighted, deteriorated or deteriorating area. The area must have a substantial number of deteriorated or deteriorating buildings throughout the area or public improvements in a general state of deterioration. The proposed project must address one or more of the conditions which contributed to the deterioration of the area. Projects using this objective require the City Council to pronounce an area as having slum or blighted conditions. Do not select this category before consulting with the City. |
|  |
|  | * Provide a map indicating the proposed project location and boundaries of the slum or blighted area and a description of the conditions which qualified the area to be designated by the State or local government.
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|  |  | **Spot Basis:** The proposed project must be designed to eliminate specific conditions of blight or physical decay outside of a slum or blighted area. Do not select this category before consulting with the City. |
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**Attachments accepted (if necessary):**

 **Attachments as required to prove CDBG eligibility (see question 9)**

 **Detailed project budget (no more than 2 pages)**

 **Project map**

**Site schematics**

**The City of Shoreline funds the following activities with Community Development Block G ant Capital funding:**

1. Housing
2. New construction, acquisition or rehabilitation of affordable multi-family housing (five or more units) especially targeted to families with children or older adults.
3. New construction, acquisition and or rehabilitation of affordable housing or less than five units.
4. New construction, acquisition and/or rehabilitation of affordable housing of less than five units.
5. City projects addressing the needs of specific populations.

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***QUESTIONS?***

***For general application process and allocation questions, please contact George Smith at 206-801-2252 or*** ***gsmith@shorelinewa.gov***

***For CDBG eligibility or other project specific questions, please contact Bethany Wolbrecht-Dunn at 206-801-2331 or*** ***bwolbrec@shorelinewa.gov******.***