

**Sauk County**  
**Community Development Block Grant CLOSE**  
**Grant Application**

PART 1 – GRANT REQUEST		
Grant Request Amount: \$	Other Funding, if applicable: \$	Total Project Cost: \$
Project Title:		
Brief Project Description:		
If Project receives CDBG funding: <div style="display: flex; justify-content: space-between;"> <span>Project Begin Date (MM/YY):</span> <span>Project Completion Date (MM/YY):</span> </div>		

PART 2 – APPLICANT INFORMATION		
<b>APPLICANT</b> (Unit of General Local Government [UGLG])		Population:
Applicant Type: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> County	County:	
Senate District #:	Assembly District #:	
Joint Application? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list other unit[s] of government):		
Chief Elected Official (CEO):	Title:	
Clerk:	Title:	
Municipal Administrator (if applicable):	Title:	
Treasurer/Finance Director:	Title:	
UGLG Street Address:		
UGLG Mailing Address if different than above:		
City:	Zip:	DUNS #:
UGLG Phone:	UGLG Fax:	FEIN:
UGLG E-Mail:	Clerk E-Mail:	
If the UGLG contracted with a third party to complete this application, please provide the contract/invoice amount for application preparation services: \$ _____		
<b>Chief Elected Official Signature:</b>		Date:
Application Contact		
Name:	Title:	
Firm/Company/Entity:		
Mailing Address :		
City :	State:	Zip:
Phone:	Fax:	E-Mail:

### PART 3 – INITIAL ELIGIBILITY

**The UGLG acknowledges that if the project is funded, the UGLG will be required to complete/acknowledge PART 3 to demonstrate initial application eligibility. If you are not able to complete the following, please contact the Sauk County Community Liaison.**

Yes No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. The Unit of General Local Government (UGLG) certifies that it is a non-entitlement community that does not receive CDBG funds directly from the Department of Housing and Urban Development (HUD).  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. UGLG's <i>Citizen Participation Plan</i> is attached.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Documentation of the first public hearing notice, verifying that the notice was published in accordance with the UGLG's <i>Citizen Participation Plan</i> in effect on the date of the first notice; and adequate advance notice was given for the public hearing in accordance with the UGLG's <i>Citizen Participation Plan</i> in effect on the date of the first notice, <b>and</b> no less than the equivalent of a Class 2 Notice, is attached. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. <i>Citizen Participation Public Hearing Certification</i> is attached.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Public Hearing Meeting Minutes [with attendees listed in the Minutes or on separate sign-in sheet(s) provided] are attached.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. <i>Authorizing Resolution to Submit CDBG Application</i> is attached.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. <i>Statement of Assurances</i> is attached.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. <i>Lobbying Certification</i> is attached.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. <i>Potential Fair Housing Actions</i> checklist is attached.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. The UGLG acknowledges that if the project is funded, the UGLG will be required to complete the environmental review process <b><u>before</u></b> the UGLG begins construction and can receive grant funds.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. The UGLG acknowledges that if the project is funded, professional services for grant administration will be properly procured in compliance with Federal, State, and local requirements.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. The UGLG understands that the contract for professional services is between the UGLG and the professional services provider; the State is <b><u>not</u></b> responsible or a part of that relationship.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. The UGLG acknowledges responsibility for ensuring that CDBG contract requirements are met. The fees paid for grant application preparation and grant administration may be published on DEHCR's web page.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. The UGLG certifies it is not debarred from receiving federal grant funds.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. The UGLG understands that incomplete applications may be denied before review and denial of incomplete applications <b><u>cannot</u></b> be appealed.  |

\_\_\_\_\_ **By initialing, the Chief Elected Official (CEO) certifies that the eligibility information noted above is complete and accurate.**

## PART 4 – CDBG NATIONAL OBJECTIVE AND PROJECT BENEFICIARIES

1. Will the proposed project benefit the entire community?  Yes  No
  - How many total individuals will benefit from the project? \_\_\_\_\_
  - Of those who will benefit, how many individuals meet the qualification of LMI? \_\_\_\_\_
  
2. Which CDBG National Objective does your proposed project meet and which method was used to demonstrate National Objective compliance? (Answer using the checkboxes below.)
  - Benefit to Low- and Moderate-Income Persons
    - Area Benefit using HUD Local Government LMI Summary Data (only for projects having community-wide benefit or having primary benefit to multiple entire municipalities )
    - Area Benefit using HUD Census Block LMI Summary Data (for projects with a service area that is coterminous with one or more census blocks only)
    - Area Benefit using Income Survey Data (for projects for which an income survey was conducted to determine the LMI percentage of the service area)
    - Area Benefit using combination of HUD LMI Summary Data and Income Survey Data (for projects for which the LMI percentage calculation for the total service area was made by using the aggregate totals for the population and number of LMI persons from a combination of HUD LMISD for part of the service area and income survey data for the rest of the service area)
    - Limited Clientele - HUD presumed group: \_\_\_\_\_  
(or if based on nature of project and location, provide justification below, and attach map detailing supporting information for service area)
  - Prevention/Elimination of Slum and Blight
    - Area Basis (Attach completed Slum and Blight Certification Form and supporting documents including map of service area)
    - Spot Basis (Attach completed Slum and Blight Certification Form and supporting documents including map of service area)
  - Urgent Local Need  
HUD's regulation found at 24 CFR 570.483 (d) and policy guidance in meeting a National Objective states that to qualify under the Urgent Local Need Objective the project activity must alleviate conditions that meet all of the following criteria:
    1. Pose a serious and immediate threat to the health or welfare of the community; and
    2. Are of recent origin or which recently became urgent, meaning that the conditions developed or became critical within 18 months preceding the certification; and
    3. The local government is unable to finance the activity on its own, and other sources of funding are not available to carry out the activity.

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***For Urgent Local Need (ULN), briefly explain how the activity will alleviate conditions that:***

1. Pose a serious and immediate threat to the health or welfare of the community; and
2. Are of recent origin or which recently became urgent, meaning that the conditions developed or became critical within 18 months preceding the certification; and
3. The local government is unable to finance the activity on its own, and other sources of funding are not available to carry out the activity.

(ULN Justification: Limit your narrative to one (1) page with not less than a 11-point font.)

## PART 5 – PROJECT NEED

Using the section headings provided, concisely describe the need for the proposed project by addressing the following:

1. Current condition of the problem;
2. Frequency with which the problem occurs;
3. Number of persons and/or families/households affected by the problem;
4. Effect(s) of the problem if left untreated/unaddressed;
5. Extent to which the completion of the proposed project will address the problem;
6. Description of how the proposed project is a new or expanded service;
7. Scope of work; and
8. Extent to which CDBG funding is needed to complete the project.

Data or pertinent information that quantifies the need for the project can be included in the narrative or as an attachment to this application. Limit your narrative to two (2) pages with not less than an 11-point font.

**Additional supporting documentation for Project Need may be attached. It may not exceed 30 pages and must be titled using the *Checklist* of this application form.**

**PART 6 – OTHER ADDITIONAL FUNDING, IF APPLICABLE**

Amount of Funds Committed to Project:  
(This amount must be consistent with the information provided in Part I of this Application and in *Budget and Other Funds*.)

\$

Funding Sources for Funds Committed to Project:

General Obligation (G.O.) Debt

Revenue Bonds

Other (briefly explain): \_\_\_\_\_  
\_\_\_\_\_

Is the UGLG or another entity contributing funds to this project?  Yes  No

Will the UGLG continue this level of service after CDBG funds are expended?  Yes  No

If yes, how is this intended to occur?

Insert Text Here:

How can continued support for this project be demonstrated?

Insert Text Here:

**PART 7 – PLANNING**

Describe how the UGLG plans to provide the service and continue to provide the service after CDBG funds are exhausted.

**PART 8 – BUDGET AND OTHER FUNDS**

**APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_/\_\_\_/\_\_\_

**Please complete this section to the best of your abilities for the Sauk County CDBG-Close RFP. The UGLG acknowledges that if the project is funded, the UGLG will be required to complete PART 8 Budget and Other Funds.**

Required: Attach a detailed itemization of project costs (e.g., engineer’s estimate or similar itemization of costs) to verify the costs listed in the Budget below. Attach documentation of Other Funds.

Activity	CDBG Funds	Applicant	Other Public Funds	Private Funds	Total
Job Training					
Food Pantry					
Substance Abuse Services					
Healthcare/Dental Clinic					
Literacy Program					
Childcare Program					
Entrepreneur Services for Microenterprises					
Homeless/Transitional Housing					
Acquisition – Land					
Acquisition – Building					
Building Improvements					
Center/Facility Construction					
Clearance – Site					
Curb and Gutter					
Electrical System Improvements					
Environmental Remediation					
Equipment					
Relocation					
Sanitary Sewer					
Storm Sewer					
Streets/Sidewalks					
Wastewater Treatment Facility					
Water					
Furnishings & Fixtures (match only)					
Engineering (match only)					
Administration					
Other: (Insert Text Here.)					
<b>Sub-Total(s):</b>					

Detailed Itemization of Project Costs is attached to this application:     Yes     No

Are the identified "Other Funding" funds committed?  Yes  No

**Summarize the UGLG's other Public and Private sources of Other Funds for the CDBG Project:**

			<b>CHECK ALL THAT APPLY:</b>			<b>Supporting Documentation Included?</b>	
Source:	Amount: \$	Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Committed	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Applied	<input type="checkbox"/> Secured/Awarded			
Source:	Amount: \$	Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Committed	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Applied	<input type="checkbox"/> Secured/Awarded			
Source:	Amount: \$	Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Committed	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Applied	<input type="checkbox"/> Secured/Awarded			
Source:	Amount: \$	Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Committed	<input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Applied	<input type="checkbox"/> Secured/Awarded			

For any source with a status of "Other" provide a brief explanation (No more than a one-sentence narrative per source).

*Insert Text Here:*

Do you anticipate using CDBG funds to pay for any Grant Administration services associated with this project?

Yes  No

If yes, were the services or will the services be competitively procured in compliance with state and federal CDBG requirements?

Yes  No

If no, were the services or will the services be secured in compliance with the local procurement policy?

Yes  No

In the event the community is awarded a CDBG Public Service Grant, how would the UGLG prefer to receive funds?

Electronic Funds Transfer (EFT)  Paper Check



**PART 9 – Sub-Grantee**

Will this program be carried out by another organization (a sub-grantee)?  Yes  No

If yes, continue below. If no, skip this page.

Organization Name:

Organization Type:  Non-profit  Quasi-governmental  For Profit

Physical Address:

Mailing Address, if different than above:

Website:

Chief Operating Officer Name and Title:

Phone:

Email:

Organization Vision/Mission:

Number of Existing Employees in full time equivalents:

Contact Name and Title:

Contact Phone:

Contact Email:

Describe how the sub-grantee will carry out the program:

Has the UGLG worked with the organization on previous or existing programs/projects? If yes, please describe.

How will the UGLG ensure the sub-grantee follows all applicable rules and regulations?

**The following sections include information that may be required for selected Partners to complete prior to receiving CDBG funds. Please review the following information to ensure that your organization will be able to provide the documentation requested.**

**PUBLIC SERVICE APPLICATION  
ATTACHMENTS AND SUPPORTING DOCUMENTATION CHECKLIST**

Topic	Documents	Required For All Apps	Included with this application submission?	
			YES	NO
Citizen Participation	Adopted Citizen Participation Plan (see Part 3 <i>Initial Eligibility</i> )		<input type="checkbox"/>	<input type="checkbox"/>
	Citizen Participation Public Hearing Notice (with proof of publication [if required] and/or posting [if required] and proof of adequate advance notice in accordance with the UGLG's CPP in effect on the date of the first notice <b>and</b> no less than the equivalent of a Class 2 Notice)		<input type="checkbox"/>	<input type="checkbox"/>
	Citizen Participation Public Hearing Certification Form		<input type="checkbox"/>	<input type="checkbox"/>
	Public Hearing Meeting Minutes (with the attendees listed in the Minutes or on a separate Sign-In Sheet provided)		<input type="checkbox"/>	<input type="checkbox"/>
	Policy for Non-Violent Civil Rights Demonstrations/Prohibiting the Use of Excessive Force and Barring of Entrances/Exits		<input type="checkbox"/>	<input type="checkbox"/>
	Financial	Detailed Itemization of Project Costs (supporting document for the Budget of this application)		<input type="checkbox"/>
Proof of Other Funds Committed, Secured, Pending and/or have Other Status (all documentation available)			<input type="checkbox"/>	<input type="checkbox"/>
Service Area/ Income Survey	Map of Project Area (with project location, type of work being completed on each street (if applicable), and Service Area/beneficiary area boundaries marked)		<input type="checkbox"/>	<input type="checkbox"/>
	Demographic Profile Sheet of beneficiaries in Service Area (must use form provided by DEHCR in the Application Attachments)		<input type="checkbox"/>	<input type="checkbox"/>
	LMI Calculation Worksheet if HUD LMI Summary Data (LMISD) for multiple census blocks or multiple local governments that make up the entire service area were used to calculate the LMI percentage for the service area; or if a combination of HUD LMISD and income survey data were used to calculate the LMI percentage for the service area (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
	Map of Boundaries of Census Block(s) that make(s) up Service Area, if HUD LMI Census Block data were used to determine the LMI percentage for the service area (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
	Map of Income Survey Area (with survey area boundaries marked; residences surveyed marked; and responding, non-responding and vacant residences marked or provided on a separate sheet) (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
	Income Survey Results Income Tabulation Form (if applicable: see Appendix C in Income Survey Guide)		<input type="checkbox"/>	<input type="checkbox"/>
	Income Survey Results Race/Ethnicity Tabulation Form (if applicable: see Appendix C in Income Survey Guide)		<input type="checkbox"/>	<input type="checkbox"/>
	List of street addresses of service area/survey area (and associated mailing address, if different than street address and the mailing address was used to distribute the income survey) (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
	List of other contact information associated with the addresses of residents surveyed, if methods other than mailing or door-to-door/in-person methods were used (e.g., telephone, email, etc.) (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>
	List of assigned survey numbers for income surveys distributed/conducted with the response data tracking for each (date(s) survey was distributed/conducted or attempts were made; date surveyed/response received; and family size, income and race/ethnicity information for each) (if applicable)		<input type="checkbox"/>	<input type="checkbox"/>

	Income Survey Letter and/or other related correspondence sent to residents regarding the survey distribution and collection process <i>(if applicable)</i>		<input type="checkbox"/>	<input type="checkbox"/>
Fair Housing	Potential Fair Housing Actions Checklist <i>(Specifying the three (3) actions that the local community will undertake)</i>		<input type="checkbox"/>	<input type="checkbox"/>
	Fair Housing Ordinance		<input type="checkbox"/>	<input type="checkbox"/>
Slum & Blight	Slum and Blight Certification <i>(if applicable)</i>		<input type="checkbox"/>	<input type="checkbox"/>
	Slum and Blight supporting documentation <i>(for Area Basis only)</i>		<input type="checkbox"/>	<input type="checkbox"/>
Acquisition/ Relocation	Residential Anti-Displacement and Relocation Assistance Plan		<input type="checkbox"/>	<input type="checkbox"/>
	Acquisition/Relocation/Demolition Questionnaire		<input type="checkbox"/>	<input type="checkbox"/>
Other	Authorizing Resolution to Submit CDBG Application		<input type="checkbox"/>	<input type="checkbox"/>
	Project Need Supporting Documentation		<input type="checkbox"/>	<input type="checkbox"/>
	Planning supporting documentation <i>(e.g. relevant sections from adopted comprehensive plan, community redevelopment plan, etc.)</i>		<input type="checkbox"/>	<input type="checkbox"/>
	Statement of Assurances		<input type="checkbox"/>	<input type="checkbox"/>
	Lobbying Certification		<input type="checkbox"/>	<input type="checkbox"/>

# CITIZEN PARTICIPATION

## ATTACHMENTS AND SUPPORTING DOCUMENTATION

Attach this cover page, followed by the documents in the order listed below, to the end of the Application.

### Attachments:

1. Adopted Citizen Participation Plan (CPP) (with date of adoption shown on Plan and with required components)
2. Citizen Participation Public Hearing Notice (with proof of publication [if required] and/or posting [if required] and proof of adequate advance notice in accordance with the UGLG's CPP in effect on the date of the first notice **and** no less than the equivalent of a Class 2 Notice)
3. Citizen Participation Public Hearing Certification Form
4. Public Hearing Meeting Minutes with Attendees Listed in Minutes or separate Sign-In Sheet Provided
5. Policy for Non-Violent Civil Rights Demonstrations/Prohibiting the Use of Excessive Force and Barring of Entrances/Exits (with date of adoption/approval shown on policy and with required language)

# FINANCIAL

## ATTACHMENTS AND SUPPORTING DOCUMENTATION

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Citizen Participation attachment(s).

Attachments:

6. Detailed Itemization of Project Costs (e.g., engineer's estimate or similar itemization of costs to verify the costs listed in the Budget in Part 9 of this application) – **required for all applicants**
7. Proof of Other Funds Secured, Committed, Pending and/or have Other Status (all documentation available)

# SERVICE AREA & INCOME SURVEY

## ATTACHMENTS AND SUPPORTING DOCUMENTATION

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Financial attachment(s).

### Attachments:

8. Map of Project Area [with project location, types of work being completed on each street (if applicable), and boundaries of Service Area/beneficiary area boundaries marked] – **required for all applicants**
9. Demographic Profile Sheet of beneficiaries in Service Area [must use form provided by DEHCR in Application Attachments] – **required for all applicants**
10. LMI Calculation Worksheet, if applicable [if HUD LMI Summary Data (LMISD) for multiple census blocks or multiple local municipalities were used to calculate LMI percentage for service area; or if a combination of HUD LMISD and income survey data were used to calculate LMI percentage for service area]
11. Map of Boundaries of Census Block(s) that make(s) up Service Area, if applicable
12. Map of Income Survey Area [with survey area boundaries marked; residences surveyed marked; and responding, non-responding and vacant residences marked or provided on a separate sheet], if applicable
13. Income Survey Results Income Tabulation Form, if applicable
14. Income Survey Results Race/Ethnicity Tabulation Form, if applicable
15. Income Survey Form used to conduct the Income Survey, if applicable
16. List of addresses in the service area/survey area, if applicable [including the street address where the residence is located and mailing address if used to distribute the survey and it is different than the actual residential street address]
17. List of other contact information associated with the addresses of residents surveyed, if applicable [applicable if methods other than mailing and door-to-door/in-person methods were used to distribute/conduct the survey (e.g., telephone, email, etc.)]
18. List(s) of survey numbers for surveys distributed/conducted with the response data tracking for each, if applicable [including the date(s) the survey was distributed/conducted or attempts were made to distribute/conduct the survey for the address, date surveyed (i.e., date survey was returned or date survey interview was conducted), family size information, income level information, and race/ethnicity information]
19. Income Survey Letter and/or other related correspondence sent to residents regarding the survey distribution and collection process, if applicable

# FAIR HOUSING

## ATTACHMENTS AND SUPPORTING DOCUMENTATION

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Service Area / Income Survey attachment(s).

Attachments:

20. Potential Fair Housing Actions Checklist (with three (3) actions selected)
21. Fair Housing Ordinance (with current Fair Housing state statute citations and language, and with date of adoption shown on ordinance)



# SLUM & BLIGHT

## ATTACHMENTS AND SUPPORTING DOCUMENTATION

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Fair Housing attachment(s).

Attachments:

22. Slum and Blight Certification, if applicable

23. Slum and Blight supporting documentation (for Area Basis ONLY), please label attached document(s):

a.	_____
b.	_____
c.	_____
d.	_____
e.	_____
f.	_____
g.	_____
h.	_____
i.	_____
j.	_____

# ACQUISITION / RELOCATION

## ATTACHMENTS AND SUPPORTING DOCUMENTATION

Attach this cover page, followed by the documents in the order listed below, to the end of the Application **after** the Slum & Blight attachment(s).

Attachments:

24. Residential Anti-Displacement and Relocation Assistance Plan (RADRAP) (with date of adoption shown on Plan; must be current with required components, as specified on the *Sample Residential Anti-Displacement and Relocation Plan* in the provided attachments to the CDBG application)
25. Acquisition/Relocation/Demolition Questionnaire

# OTHER

## ATTACHMENTS AND SUPPORTING DOCUMENTATION

Attach this cover page, followed by the documents in the order listed below, to the end of the Application after the Acquisition/Relocation attachment(s).

Attachments:

26. Authorizing Resolution to Submit CDBG Application

27. Project Need supporting documentation, and indicate what/which document(s) further quantify the:

	YES	NO
a. Current Condition of the Problem?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, identify each corresponding document in the order attached:		
a.		
b.		
c.		
d.		
e.		
b. Frequency with which the Problem Occurs?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, identify each corresponding document in the order attached:		
a.		
b.		
c.		
d.		
e.		
c. Effect(s) of the Problem If Left Untreated?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, identify each corresponding document in the order attached:		
a.		
b.		
c.		
d.		
e.		
d. Extent to which this Proposed CDBG-PS Project will Alleviate the Problem?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, identify each corresponding document in the order attached:		
a.		
b.		
c.		
d.		
e.		

28. Planning supporting documentation

29. Statement of Assurances

30. Lobbying Certification