

**ORANGE COUNTY  
OFFICE OF COMMUNITY DEVELOPMENT**



**MUNICIPAL GRANT ELIGIBILITY FORM**

**FOR THE  
COMMUNITY DEVELOPMENT BLOCK GRANT  
DISASTER RECOVERY PROGRAM  
(CDBG-DR)**

**O.C. Office of Community Development  
18 Seward Avenue – First Floor  
Middletown, New York 10940  
Phone (845) 615-3820  
Fax (845) 344-1629  
[www.co.orange.ny.us](http://www.co.orange.ny.us)**

Revised April 28, 2014.

## **Eligible and Ineligible Activities for the Community Development-Disaster Recovery (CDBG-DR) Program**

All activities funded by the Community Development Block Grant Disaster Recovery (CDBG-DR) Program must be Hurricane Irene and Tropical Storm Lee related projects. Basic eligible activities under the CDBG program are identified in Title 24, Sections 570.201 of the Code of Federal Regulations. In accordance with Orange County's CDBG-DR Action Plan, dated July, 2012, available online at [www.orangecountygov.com](http://www.orangecountygov.com), eligible activities for this program include, but are not limited to the following, to the extent that those activities are recovery related and part of the recovery plan for a grantee:

- acquisition of real property
- public facilities and improvements
- clearance, rehabilitation, reconstruction, and construction of buildings
- removal of architectural barriers
- disposition of real property, including costs associated with maintenance and transfer of acquired properties
- payment of the non-federal share of other federal matching grant programs
- relocation associated with projects that utilize one or more of the other eligible activities listed here

## **CDBG-DR Municipal Grant Eligibility Form**

Eligibility Form is available via email—please contact [jfazzion@co.orange.ny.us](mailto:jfazzion@co.orange.ny.us).

## **Eligible Applicants to the CDBG-DR Program**

Eligible applicants are all municipalities in the County of Orange.

## **Federal and State Statutes and Regulations That Apply to the Community Development Block Grant Disaster Recovery (CDBG-DR) Program**

The following regulations apply to the Community Development Block Grant Disaster Recovery (CDBG-DR) Program and should be considered in the preparation of this Eligibility Form.

Uniform Act (Acquisition and Relocation) – Requires appraisals for all acquisition (valued over \$10,000) undertaken in connection with activities included in the application, including easements/servitudes for public facilities. The local governing body is required to pay at least fair market value for all properties acquired. Acquisition must be completed before construction begins. Acquisition and relocation can be very time consuming; the program time schedule should be developed accordingly.

Davis-Bacon and Contract Work Hours and Safety Standards – Requires that Federal prevailing wage rates are paid to all employees working under a construction contract of \$2,000 or more. Also, all employees must be paid at least time and a half for any time they work more than forty hours per week. The Federal Labor Standards Provisions and the applicable federal wage decision(s) must be included in bid packages and contract documents as well as referenced in all bid advertisements. Prevailing wage rates are higher than regular wages in many rural areas and may affect the project budget.

Audit Requirements – OMB Circular A-133 requires single audits of all grantees that have total annual federal expenditures in excess of \$500,000. Financial audits and/or certifications are required in accordance with

State law when the grantee has annual federal expenditures totaling less than \$500,000. Single audit costs may be eligible for reimbursement in part as an administrative expense.

Architectural Barriers Act – Requires that all non-residential structures and public facilities constructed, renovated, or rehabilitated with federal funds be accessible to the handicapped. Entrances must be ramped; bathrooms must accommodate wheelchairs, etc.

Each project funded must meet the benefit to Low and Moderate Income Persons, Elimination of Slum and Blight or Urgent Need national objective.

To be eligible for these funds, each project must be in compliance with all CDBG regulations. Areas that require specific attention by the applicant include those regarding HUD environmental clearance regulations, those related to labor standards compliance (especially the Davis-Bacon requirements), and adherence to state and federal procurement regulations.

One original and three copies of the completed Eligibility Form must be submitted to the address below. Submittal of an incomplete application may result in the application being rejected and/or a delay in the funding of the project.

O.C. Office of Community Development  
18 Seward Avenue – First Floor  
Middletown, New York 10940

**A separate Municipal Grant Eligibility Form must be completed for each activity.**

**ORANGE COUNTY COMMUNITY DEVELOPMENT  
BLOCK GRANT DISASTER RECOVERY (CDBG-DR)  
PROGRAM  
MUNICIPAL GRANT ELIGIBILITY FORM**

Date Form Was Received By OCD: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Name of Municipality

Address: \_\_\_\_\_

Municipal Official: \_\_\_\_\_  
(Type Name of Supervisor or Mayor)

Title: \_\_\_\_\_  
(Supervisor or Mayor)

*SIGNATURE:* \_\_\_\_\_  
*Date Signed* \_\_\_\_\_  
*(Authorized Official)*

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

Person To Be Contacted On Telephone No.: \_\_\_\_\_

Matters Concerning Facsimile No.: \_\_\_\_\_  
This Form

E-Mail Address: \_\_\_\_\_

**ACTIVITY NAME:**  
Provide an activity name for which Community  
Development Block Grant Disaster Recovery  
(CDBG-DR) funds are requested:

National Objective to be addressed (check one)  
 Activities Benefitting Low/Moderate  
Income Persons  
 Prevention/Elimination of Slums or Blight  
 Urgent Needs

PROJECT FUNDS	AMOUNT	SOURCE AND STATUS OF FUNDS
CDBG	\$ _____	_____
Local Funds	\$ _____	_____
Private Funds	\$ _____	_____
Other State Funds	\$ _____	_____
Federal Funds	\$ _____	_____
Other Funds	\$ _____	_____
<b>TOTAL FUNDS</b>	<b>\$ _____</b>	_____

## **ACTIVITY PROJECT DESCRIPTION AND NEEDS**

## CDBG-DR ACTIVITY DESCRIPTION AND NEEDS

Complete a separate form for each activity for which eligibility determination is requested- attach a separate sheet of paper if more space is needed.

Applicant Name: \_\_\_\_\_  
Activity Title: \_\_\_\_\_  
Activity Address: \_\_\_\_\_  
Activity Location:      Census Tract      \_\_\_\_\_      Blk. Grp.      \_\_\_\_\_  
                                 Tax Map Section      \_\_\_\_\_      Blk.      \_\_\_\_\_      Lot      \_\_\_\_\_

Activity Description:

Does activity address a need which is a direct result of Hurricane Irene or Tropical Storm Lee?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If "no", activity is not eligible.

If the answer is yes, please describe the cause and effect to be addressed:

Show that the activity considers and/or proposes a Mitigation Plan to minimize damage in the event of future floods or hurricanes.

**CDBG-DR ACTIVITY DESCRIPTION AND NEEDS (CONT'D)**

Does the activity have a direct benefit to individuals? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the nature of the benefit:

If the activity has benefit to a geographic area (street, neighborhood, community, please describe the area:

Indicate whether the activity will require acquisition of property, easements, or rights-of-way and the approximate number of parcels to be acquired.

**Note:** If additional space is needed for any of the above headings, continue on plain paper and attach to this form.

**CDBG-DR ACTIVITY DESCRIPTION AND NEEDS (CONT'D)**

Have you collected information on the income of individuals or areas to benefit? Yes \_\_\_ No \_\_\_

If the answer is yes, how many households have annual incomes less than the following listing by household size?

<u>HOUSEHOLD SIZE</u>	<u>INCOME</u>	<u># HOUSEHOLDS</u>
1	\$ <u>44,750</u>	_____
2	\$ <u>51,150</u>	_____
3	\$ <u>57,550</u>	_____
4	\$ <u>63,900</u>	_____
5	\$ <u>69,050</u>	_____
6	\$ <u>74,150</u>	_____
7	\$ <u>79,250</u>	_____
8 or more	\$ <u>84,350</u>	_____

*HUD Section 8 Limits Dated January, 2014*

Have you received funds or do you have a commitment for this activity from other sources (*i.e. FEMA, SBA, Private Insurance, etc.*)

Yes \_\_\_ No \_\_\_ If yes, please complete detail below and attaché supporting documentation from the source, (*i.e. award letter, local Board Resolution, line of credit, etc.*)

1. Name of Source: \_\_\_\_\_  
 Amount of Funds: \$ \_\_\_\_\_  
 Status: \_\_\_\_\_
  
2. Name of Source: \_\_\_\_\_  
 Amount of Funds: \$ \_\_\_\_\_  
 Status: \_\_\_\_\_
  
3. Name of Source: \_\_\_\_\_  
 Amount of Funds: \$ \_\_\_\_\_  
 Status: \_\_\_\_\_

**Note:** *If additional space is needed for any of the above headings, continue on plain paper and attach to this form.*



# **ACTIVITY INFORMATION**

**A. Budget**

**B. Schedule**

## BUDGET SUMMARY

Complete a separate form for each activity - attach a separate sheet of paper if more space is needed.

Activity Name: \_\_\_\_\_

### BUDGET

Total Amount of CDBG-DR Funds Requested: \* \_\_\_\_\_

Total Amount of Other Funding Sources:\*\* \_\_\_\_\_

Source #1 \_\_\_\_\_

Source #2 \_\_\_\_\_

Source #3 \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

Complete Attached Budget/Cost Detail

*\*Attach to this section, a detailed cost estimate prepared by professional sources. Cost estimate must distinguish construction costs and soft cost (i.e. engineering).*

#### PLEASE NOTE:

**ANY CONSTRUCTION ACTIVITY UTILIZING CDBG-DR FUNDING IN EXCESS OF \$2,000 IS SUBJECT TO DAVIS-BACON/PREVAILING WAGE REGULATIONS. PREPARE COST ESTIMATES ACCORDINGLY!**

Davis Bacon wage rates can be found at <http://www.wdol.gov>.

**\*\*Attach to this section evidence of commitment of funds and/or applicable information concerning source, availability and amount of other funding sources.**

## **BUDGET SUMMARY (CONT'D)**

Please circle the status listed in 1, 2, & 3 which describes the activity. If the activity is determined to be eligible, you will be required to provide evidence of the status prior to funding approval.

1. **Site Control:**

No site control, option to purchase, binder/contract of sale, ownership/deed, easements required.

2. **Extent of Project Financing:**

No other funding applications filed, some application filed, all applications filed, some commitments, all commitments.

3. **Plans/Approvals/Permits:**

Plans prepared, local, state permits and/or approvals not submitted, pending, issued, etc.

## **BUDGET SUMMARY (CONT'D)**

### **4. Project Schedule:**

**Complete attached form. Indicate how long all phases of your project will take to complete. *IMPORTANT: Include in your project schedule, time needed to obtain site control, obtain other project financing, plans, approvals, (i.e. easements, etc.) permits, environmental review/release of funds and construction period.***

**NOTE: If your project is funded, this office must complete the environmental review process before construction can begin - a full set of plans and specifications will be required. In order to complete this process, complete the attached Environmental Concerns Form.**

# BUDGET/COST DETAIL FORM

ACTIVITY NAME:

(A) Costs by Activity	(B) CDBG-DR	(C) Other	(D) Total	(E) Source
1. Acquisition of Real Property				
2. Public Facilities and Improvements				
3. Rehabilitation Loans and Grants (Hook-Ups)				
4. Clearance Activities				
5. Architectural/Engineering				
6. Other (identify)				
<b>TOTAL</b>				

## PROJECT SCHEDULE

Applicant Name:

2. Original, Dated:

3. Amendment, Dated:

Activity/Program Name:

4. Effective Date:

5. 1<sup>st</sup> Qtr.

2<sup>nd</sup> Qtr.

3<sup>rd</sup> Qtr.

4<sup>th</sup> Qtr.

5<sup>th</sup> Qtr.

6<sup>th</sup> Qtr.

7<sup>th</sup> Qtr.

8<sup>th</sup> Qtr.

6. Activity Name:

7. Activity Allocation:

8.

9. Milestones:

	5. 1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.	5 <sup>th</sup> Qtr.	6 <sup>th</sup> Qtr.	7 <sup>th</sup> Qtr.	8 <sup>th</sup> Qtr.
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## ENVIRONMENTAL CONCERNS

Activity Title: \_\_\_\_\_

The following questions dealing with environmental considerations are necessary for the County to assess the potential environmental impact of your project. **IF YOU CHECK ANY OF THE ITEMS BELOW, ATTACH A SEPARATE SHEET TO THIS SECTION EXPLAINING THE ITEM.**

- 100 year floodplain (as determined by Federal Flood Insurance Rate Map).  
Indicate Panel # . \_\_\_\_\_
- 500 year floodplain (as determined by Federal Flood Insurance Rate Map).  
Indicate Panel #. \_\_\_\_\_
- A State or locally designed floodplain area.
- A locally designed or locally significant fresh water wetlands area.  
Indicate # \_\_\_\_\_ Indicate Panel # \_\_\_\_\_
- An area containing a federally designated, State designated or locally designated historic district or site.
- Year structure was built.
- An agricultural district.
- Project involves a change of use or zoning.
- Project is a replacement of existing structure/infrastructure.
- Project is new construction.
- Project involves water and/or sewer facilities.
- Indicate project designation under the New York State Environmental Quality Review Act (SEQR):

Type I Action \_\_\_\_\_ Type II Action \_\_\_\_\_ Unlisted Action \_\_\_\_\_

**LIST all required federal, state, and/or county permits or approvals that must be obtained to implement and complete the project.**

**If SEQR has been completed, attach documentation.**





# CDBG-DR CHECKLIST

- Submit One (1) Original\* and Three (3) copies of Form including Attachments. \*Mark "Original" – Required.**
  
- Town/Village map and site/service area map. Use census and tax maps.**
  
- Cost Estimate from design professional.**
  
- If applicable, Income Survey Summary and Income Survey Forms, including tax map indicating parcels surveyed and service area boundaries.**
  
- Resolution of Support from Governing Body**

*Sample Language:*

*“The \_\_\_\_\_ is hereby submitting its Municipal Grant Eligibility Form for consideration under the Orange County Community Development (CDBG-DR) Disaster Recovery Program and that the chief elected official or executive officer is hereby authorized to submit this Form. They further certify that they have read and understood the Municipal Grant Eligibility Form, and have met all of its applicable requirements and that the information contained in the Form is accurate and true to the best of their knowledge.”*

- Supporting Documentation of all other funds required for the financing of this activity.**