

OHIO FY-10 FORMULA CDBG PROGRAM

Application to Highland County for Consideration of Block Grant Project to be Completed in 2011

1. Total proposed activities must be such that can be completed between January 1, 2011 and December 31, 2011.
2. All non-residential construction and improvements must meet or exceed State Building Codes.
3. Cost estimates must be itemized, signed, and provided by a qualified source (i.e. engineer, architect, county engineer, contractor, etc.).
4. All cost estimates for construction projects with an estimated cost of \$2,000 or more must include federal prevailing wages.
5. Chip and seal or gravel base road improvements are not eligible.
6. Fire departments must provide a complete list of equipment needed to meet specific Safety Requirements of the Industrial Commission of Ohio Relating to Fire Fighting, ORC 4121.1-21, along with their itemized list of equipment request and estimate(s) of cost.
7. Only Highland County may enter into contracts for your project.
8. If you are committing other funds to the project and/or if other sources of funds are included in this project, copies of letters, resolutions, ordinances, etc. committing these funds must be submitted at the time of this application to the county commissioners.
9. Attach letter(s) from agency(s) requiring improvements, if applicable.
10. Organizations (other than local governments) must submit a copy of their constitution and by-laws.

APPLICANT INFORMATION

Name of Applicant: _____ Phone No. _____

Address: _____

Email Address: _____

Contact Person: _____ Phone No. _____

Address: _____

Email Address: _____

NOTE Are you a public service group or non-profit entity? Check One: Yes ____ No ____

If yes, attach a copy of constitution and by-laws (See item 10 above.)

PROJECT INFORMATION

Describe Project Activity and measurements in detail (attach additional sheets and photographs, if necessary) *Fire Departments: See item (6) above*

Is project necessary in order to meet state or local requirement or mandates (item 9 above)? Explain

Will you need to acquire easements or property to complete this project? Yes ____ No ____

If yes, explain _____

Is this property occupied? Yes ____ No ____

COST ESTIMATE

Who provided the Project Cost Estimate?

Name: _____

Address: _____

Phone No. _____ Email _____

Labor (use federal prevailing wage) \$ _____

Materials \$ _____

Engineering \$ _____

Total Cost of Project \$ _____

Note: Attach a copy of the cost estimate. (See items 3 & 4 on Page 1)

How much CDBG money is being requested? \$ _____

If you are not applying for the total cost of the project, where will the other funds come from?

Source	Amount
1. _____	_____
2. _____	_____
3. _____	_____

List others, if necessary

Note: Attach commitment letters from the sources listed above. (See Item 8 on page 1)

Proposed project must meet State Building Code (See Item 2 on page 1)

Will Village, Township, or County employees perform any work? Yes ____ No ____

If yes, will the employee be paid from the CDBG? Yes ____ No ____

Describe the work to be performed by Village, Township, or County employees

PROJECT BENEFITS INFORMATION

Where is the exact location of the project? _____

Note: Provide a map, which shows the location of the activity.

What is the project service area? _____

Note: Provide a map of the boundaries of the service area.

Who will benefit from this project? _____

SURVEY INFORMATION

How many households are in the service area? _____

Have you completed an income survey? Yes ____ No ____ (Submit survey with this form)

What date(s) were the households surveyed? _____

1. Number of Households Surveyed _____
2. Number of Low-Moderate Income Households (Number of surveys with Checkmarks) _____
3. % Low-Moderate Income Households (line 2 divided by line 1) ? _____
4. Number of Persons in Household surveyed? _____

SITE INFORMATION

Does your project affect an historical property or does your project occur in a Historical district?
Yes ____ No ____

If yes, explain: _____

Is your project located in a floodplain? Yes ____ No ____

If yes, explain: _____

Will any access fees be charged (i.e. sewer or water line hook-up, membership fees, entrance fees, etc.)? Yes ____ No ____

If yes, explain: _____

AUTHORIZATION

Signature

Date

Typed Name

Title

If you have any questions contact:

Highland County Commissioners
119 Governor Foraker Place, Suite 211
Hillsboro, OH 45133
937-393-1911

For eligible activities, please see the enclosed list of Activity Names with Outcome Measurement Names.

All CDBG funded programs must benefit low and moderate-income persons at a minimum of 51%. All eligible activities must be approved by the Ohio Department of Development, Office of Local Government Service.