TENNESSEE SMALL CITIES COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

APPLICANT: _____

PROJECT TITLE: _____

Type of Project:

☐ Community Livability ☐ Housing Date of application completion _____

☐ Water Line Extension ☐ Sewer Line Extension ☐ Original Submission or

☐ Water System ☐ Sewer System ☐ Revised Submission (_____ Date)

Project Funding:

Total Cost: $_____ Other Funding: $_____

CDBG Request Source: _____

(Before ThreeStar): $_____

(After ThreeStar): $_____ Status: _____

National Objectives: *(Check one)*

☐ Low and Moderate Income

☐ Imminent Threat

☐ Slums and Blight

County _____

☐ Multi-jurisdiction *(in one county)*

☐ Multi-jurisdiction *(in more than one county)*

Is the applicant a Three-Star community? ☐ Yes ☐ No

Does the community decline the Three-Star reduction in match? ☐ Yes ☐ No

(If declining, a letter must be included)

What is the applicant's Ability-To-Pay? _____

What is the applicant's Ability-to-Pay with Three-Star Incentive? _____ or ☐ N/A if declining

---

Chief Executive Officer:

Name _____ Title _____

Phone _____

Mailing Address _____ Fax _____

Email _____

Street Address _____ FEIN _____

Signature _____ DUNS _____

Application Preparer:

Name _____ Agency _____

Signature _____ Phone _____

Email _____

Applicant/Project: _____

DESCRIPTION *(Give a brief project description):*

Local Contact: *(If different from the Chief Executive Officer)*

Name _____ Title _____

Phone _____

Mailing Address _____ Email _____

Utility Contact:

Name _____ Title _____

Phone _____

Mailing Address _____ Email _____

Engineer/Architect:

Name _____ Title _____

Phone _____

Mailing Address _____ Email _____

Administrator:

Name _____ Title _____

Phone _____

Mailing Address _____ Email _____

Applicant/Project: _____

Go to http://www.capitol.tn.gov to check for the correct Senator and Representative.

State Legislators:

Name _____ Title State Senator

Name _____ Title State Representative

Name _____ Title _____

PROGRAM NARRATIVE

-Provide a description of the project (be specific),
-State the major problem that is to be solved by this project,
-Describe how each proposed improvement addresses the major problem,
-Describe any unusual features of the project,
-Describe the outputs and outcomes of the project.

NATIONAL OBJECTIVE BENEFIT JUSTIFICATION

Justify your project under one of the three national objectives. If the national objective that the project addresses is benefit to low and moderate income persons, describe the area in the community or target area where low and moderate income persons live and how they would benefit from the project. Also, describe the benefit to minorities. To meet the national objective of low and moderate income, the project must benefit at least 51% low and moderate income persons. If the project is justified under slums and blight or imminent threat, the justification should address the definition of that objective used in the Application Notices.

ECONOMIC DEVELOPMENT

Also address how this project affects Economic Development in the community. For example, describe how completion of the proposed project will lead to job creation.

Applicant/Project: _____

Applicant/Project: _____

Applicant/Project: _____

PROJECT BUDGET

Complete the Excel form titled “2016 CDBG Project Budget” and submit with the Supplemental Documentation.

What type of funding makes up the “GRANTEE or OTHER PARTICIPATION” column on the Project Budget? If the funding has been approved, attach a copy of the approval. If it has been applied for, attach information on the status of the application.

_____

How long will construction take? _____Months

_____

Will any of the project be done using force account?* ☐ yes ☐ no.

NOTE: Approval to do force account work requires that the grant recipient must own the necessary equipment, use currently employed city forces, and obtain State approval by submitting the following information after grant is awarded:

1. Names and engineering qualifications of personnel performing the work and their capabilities for design, supervision, planning, inspection, testing, etc. as applicable.

2. Details of experience with projects of like or similar nature.

3. Information on workload as it may affect capacity to do the work within time frame or work schedule.

4. Justification for doing the work by force account rather than by contract.

5. A complete breakdown showing: (a) the number of work hours and cost per hour for each category of labor; and (b) a list of non-salary costs such as materials, supplies, equipment, etc.

6. Certification from the above mentioned personnel's supervisor confirming that they are full time City/County employees and have not been hired just for this project.

7. Certification confirming the equipment to be used is owned by the City/County and that it is not rental equipment.

* This includes service lines and/or hookups.

Applicant/Project: _____

HOUSING AND COMMUNITY DEVELOPMENT NEEDS

Describe your community development and housing needs as identified by your local governing body.

Decribe the specific needs of low and moderate income persons, minorities, persons with disabilities, AND the eldery along with a brief discussion of the activities that will be undertaken to meet such needs.

Explain why this project was submitted for funding rather than other projects that might have been submitted and specifically reference how this application addresss the needs of low income, minority, persons with disabilities and the elderly.

Include any documentation from planning meetings, strategic planning session, etc. that documents these priorities for you community.

Applicant/Project: _____

BENEFICIARY INFORMATION

COMPLETE THIS FORM FOR ALL PROJECTS

List all jurisdictions that have beneficiaires of the proposed project (even those with less than 5%). List in order of most to least beneficiaries.

CITY OR COUNTY	NUMBER OF HOUSEHOLDS	PERCENT OF TOTAL HOUSEHOLDS
		0%
		0%
		0%
		0%
		0%
TOTAL BENEFICIARY HOUSEHOLDS*		0%

* The total number number of households should reflect that number in box AA on the Target Area Survey Summary sheet.

IF ALL BENEFICIARIES LIVE IN ONE JURISDICTION (CITY OR COUNTY) DO NOT USE WEIGHTED AVERAGES.

Applicant/Project: _____

WORKSHEET FOR PER CAPITA INCOME CALCULATIONS

(For instructions, see the ECD CDBG website)

$$\text{2016 PCI} = \text{2016 MFI} \times \frac{\text{2013 PCI}}{\text{2013 MFI}}$$

	Intervals	Number in Each Interval	Cumulative
1.	Less than $ 11,770	_____	0
2.	$ 11,770 - $ 14,269	_____	0
3.	$ 14,270 - $ 16,769	_____	0
4.	$ 16,770 - $ 19,269	_____	0
5.	$ 19,270 - $ 21,769	_____	0
6.	$ 21,770 - $ 24,269	_____	0
7.	$ 24,270 - $ 26,769	_____	0
8.	$ 26,770 - $ 29,269	_____	0
9.	$ 29,270 - $ 31,769	_____	0
10.	$ 31,770 - $ 34,269	_____	0
11.	$ 34,270 - $ 36,769	_____	0
12.	$ 36,770 - $ 39,269	_____	0
13.	$ 39,270 - $ 41,769	_____	0
14.	$ 41,770 - $ 44,269	_____	0
15.	$ 44,270 - $ 46,769	_____	0
16.	$ 46,770 - $ 49,269	_____	0
17.	$ 49,270 - $ 51,769	_____	0
18.	$ 51,770 - $ 54,269	_____	0
19.	$ 54,270 - $ 56,769	_____	0
20.	$ 56,700 - $ 59,269	_____	0
21.	$ 59,270 or more	_____	0

2016 MFI: _____

Single Jurisdiction

2013 MFI: _____ *

2013 PCI: _____ *

2016 PCI: _____

Multiple Jurisdiction (multiple county)

2016 PCI: _____

Project Impact

_____/Person

*From 2013 Median Family and Per Capita Income document provided by TNECD.

Applicant/Project: _____

PER CAPITA INCOME CALCULATIONS
(Multi-Jurisdiction Applications)

Multi-jurisdiction applications are applications where the beneficiaries are in more than one governmental jurisdiction.
If less than 5% of beneficiaries are in a jurisdiction, you do not have to complete these calculations for the jurisdiction.

City/County: (2016MFI)(2013PCI) / (2013MFI) = 2016 PCI X % of bene's =

_____	_____ =	_____ X 0% =	0
_____	_____ =	_____ X 0% =	0
_____	_____ =	_____ X 0% =	0

TOTAL PCI for Target Area $ 0

City/County: 2013 PCI X % of bene's =

2013 PCI Points X % of bene's =

_____	0 X 0% =	0
	_____ X 0% =	0.0
_____	0 X 0% =	0
	_____ X 0% =	0.0
_____	0 X 0% =	0
	_____ X 0% =	0.0

TOTAL AMOUNT for 2013 Per Capita Income $ 0

TOTAL POINTS for 2013 Per Capita Income 0

Applicant/Project: _____

UNEMPLOYMENT RATE CALCULATIONS

(Multi-Jurisdiction Applications in more than one county only)

2005-2014

City/County	Rate (%)	Points	X % of bene's	=
_____	0.0%	_____	0%	0.0
_____	0.0%	_____	0%	0.0
_____	0.0%	_____	0%	0.0

Total 0

2015

City/County	Rate (%)	Points	X % of bene's	=
_____	0.0%	_____	0%	0.0
_____	0.0%	_____	0%	0.0
_____	0.0%	_____	0%	0.0

Total 0

Points for unemployment rates and PCI as well as the 2013 PCI figures are on the ECD CDBG website.

Applicant/Project: _____

Discuss the randomness methodology. Include the dates the surveys were conducted. (If a Target Area Survey Map is not included, thoroughly describe the process to ensure randomness and completeness of the survey sample).

Give the name of the person(s) who completed the surveys and their telephone number.

Applicant/Project: _____

TOTAL TARGET AREA SURVEY SUMMARY

HOUSES

	Total	Response Rate	Total LMI
	A		**B**
No.			
		I	**J**
%		0.0%	0.0%

PERSONS

Total	Total LMI	Total No. of Minorities	Total No. Female Head of Household	Total No. of Elderly	Disabled
C	**D**	**E**	**F**	**G**	**H**
	K	**L**	**M**	**N**	**O**
	0.0%	0.0%	0.0%	0.0%	0.0%

	AA		**BB**
No.			0
	100		**JJ**
%			0.0%

CC	**DD**	**EE**	**FF**	**GG**	**HH**
	0	0	0	0	0
	KK	**LL**	**MM**	**NN**	**OO**
	0.0%	0.0%	0.0%	0.0%	0.0%

NOTE: If this is project has multiple target areas, you must include a Target Area Survey Summary for each target area surveyed as well as one for the total project.

Sample Size Calculator

Population/Universe: _____

Minimum Sample Size: _____

For current county and municipality LMI percentages, use visit the application section of the CDBG website at http://tn.gov/ecd/article/cdbg-applications.
For the raw LMI data visit https://www.hudexchange.info/manage-a-program/acs-low-mod-summary-data-block-groups-places/

USING HUD/CENSUS DATA TO MEET LMI

☐ Check this box if using HUD/Census data to meet LMI threshold requirements.

Target Area Surveys do not apply. Place HUD/Census determined LMI percentage below.

_____% LMI _____ Polulation Size

Applicant/Project: _____

RACIAL BENEFIT BREAKDOWN

Only complete this sheet if LMI percentage was determined by Target Area Surveys. If LMI percentage was determined by Census, please disregard.

1. White/Caucasian
2. African-American/Black
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & Caucasian
7. American Indian/Alaskan Native & African American/Black
8. Asian & White/Caucasian
9. African American/Black & White/Caucasian
10. Other Multi-Racial
11. Hispanic

Number of people in each of the racial categories											
1	2	3	4	5	6	7	8	9	10	11	Total

LOW AND MODERATE INCOME BREAKDOWN

This is the total number of the people and households in the 30%, 50% and 80% income limits and the total number of LMI served. These totals must match the numbers in the DD and BB boxes on the Total Target Area Survey Summary

NOTE: Do NOT perform the calculations on this page without determining the validity of the Target Area Surveys. (See Target Area Surveys Instructions)

PERSONS	HOUSEHOLDS
30%_____	30%_____
50%_____	50%_____
80%_____	80%_____
Total_____	Total_____

NOTE: Total amounts that do not match the corresponding number from the Target Area Survey will display in red. Please check the numbers if this is how the totals are displayed.

Applicant/Project: _____

TITLE VI COMPLIANCE INFORMATION

List by name the mayor and members of the municipal or county legislative organization submitting the CDBG application. Identify the appropriate racial classification for each person.

1. White/Caucasian
2. African-American/Black
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & Caucasian
7. American Indian/Alaskan Native & African American/Black
8. Asian & White/Caucasian
9. African American/Black & White/Caucasian
10. Other Multi-Racial
11. Hispanic

Name	Race	Name	Race

Applicant/Project: _____

☐ N/A (if no Planning Commission)

TITLE VI COMPLIANCE INFORMATION

1. White/Caucasian
2. African-American/Black
3. Asian
4. American Indian/Alaskan Native
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaskan Native & Caucasian
7. American Indian/Alaskan Native & African American/Black
8. Asian & White/Caucasian
9. African American/Black & White/Caucasian
10. Other Multi-Racial
11. Hispanic

Name	Race	Name	Race

Applicant/Project: _____

TITLE VI COMPLIANCE INFORMATION

CDBG applicants are required to hold a public meeting prior to the submission of applications to evaluate community needs and to explain how CDBG funds may be used to address these needs. In addition to informing the public of this meeting through the local newspaper, applicants must make an effort to secure minority participation in this process. The CDBG application must contain the following information:

a. A description of the process that was used to secure participation of minorities in this meeting.

b. The number of individuals who participated in the public meeting and the number who are of the following racial minority classifications.

African American/Black	American Indian/Alaskan Native & Caucasian
Hispanic	American Indian/Alaskan Native & African American/Black
Asian or Pacific Islander	African American/Black & Caucasian
American Indian/Alaskan Native	Asian & Caucasian
Native Hawaiian/Other Pacific Islander	Other Multi-Racial

JOINT ECONOMIC AND COMMUNITY DEVELOPMENT BOARD

Applicant/Project: _____

Tennessee Code Annotated, Section 6-58-114(f) state the following:

(f) The board shall meet, at a minimum, four (4) times annually and the executive committee of the board shall meet at least four (4) times annually. An executive committee meeting shall be held once each calendar quarter. Minutes of all meetings of the board and the executive committee shall be documented by minutes kept and certification of attendance. Meetings of the joint economic and community development board and its executive committee are subject to the open meetings law.

"Calendar quarter" means the following time periods during a given year: January 1 through March 31, April 1 through June 30, July 1 through September 30, October 1 through December 31.

Please provide the following information:

Dates of the last four executive committee meetings (showing a meeting each calendar quarter) - (Minutes will be reviewed in the monitoring visit but do not need to be submitted here)

1st Quarter (Jan – Mar) _____

2nd Quarter (Apr – Jun) _____

3rd Quarter (Jul – Sep) _____

4th Quarter (Oct – Dec) _____

Dates of the last four board meetings - (Minutes will be reviewed in the monitoring visit but do not need to be submitted here)

1st Quarter (Jan – Mar) _____

2nd Quarter (Apr – Jun) _____

3rd Quarter (Jul – Sep) _____

4th Quarter (Oct – Dec) _____

Did you have joint meetings? _____Yes _____ No

Notes/Comments regarding JECDB process:

Applicant/Project: _____

DISPLACEMENT PLAN FORMAT

(This must be completed for all applications.)

_____ will replace all occupied and vacant occupiable low/moderate-income dwelling units demolished or converted to a use other than as low/moderate-income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974, as amended.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion.

The following information must be submitted:

1. A description of the proposed assisted activity

2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate-income dwelling units as a direct result of the assisted activity

3. A time schedule for the commencement and completion of the demolition or conversion

4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units

Applicant/Project: _____

5. The source of funding and a time schedule for the provision of replacement dwelling units

6. The basis for concluding that each replacement dwelling unit will remain a low/moderate-income dwelling unit for at least 10 years from the date of initial occupancy.

_____ will provide relocation assistance to each low/moderate-income household displaced by the demolition of housing or by the conversion of a low/moderate-income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, _____ will take the following steps to minimize the displacement of persons from their homes:

Applicant/Project: _____

CDBG APPLICATION ATTACHMENTS

☐	**Local Government Resolution** NOTE: Resolution must address: 1.) Commitment to apply for Community Development Block Grant funds 2.) Commitment of matching funds
☐	Documentation of **Procurement of Professional Services** (letters to at least 3 administration and engineering companies) NOTE: You cannot sign a contract for administrative, engineering, or architectural services until the state has approved your selection of the administrator, engineer or architect
☐	**2016 CDBG Project Budget** (Be sure to complete all 3 tabs and save as an Excel file)
☐	**Target Area and Jurisdiction Map** that shows all target areas and all jurisdictions
☐	Additional information for the **Beneficiary Information Form** (if needed)
☐	**Map Survey Form(s) and map** (if needed)
☐	**Target Area Surveys** (for Direct Beneficiary applications)
☐	Any documentation supporting the **Housing and Community Development Needs** section.
☐	**Public meeting documentation**. This must include the advertisement with date (if advertisement does not have date, include the affidavit of publication), minutes from the meeting, and the sign-in sheet(s). Sign-m sheet should have the name and race of all attendees.
☐	**Minority concentration map** Include a map of minority concentrations in the communities to be served by the project. "AREA OF MINORITY CONCENTRATION" defined as any neighborhood in which the percentage of households in a particular racial or ethnic minority group is at least 20 points higher than their percentage for the jurisdiction as a whole or a neighborhood in which the percentage of minorities is at least 20 points above the overall percentage of minorities in the jurisdiction. To illustrate, in a jurisdiction with 15 percent black and 85 percent white population, any neighborhood that is more than 35 (15 plus 20) percent black would be defined as an "area of minority concentration." In jurisdiction with 60 percent black and 40 percent white population, only neighborhoods that are more than 80 (60 plus 20) percent black would be classified as "areas of minority concentration." In a jurisdiction that is 10 percent black, 30 percent Hispanic and 60 percent white, a neighborhood would be classified an "area of concentration" only if it was more than 30 percent black or more than 50 percent Hispanic. A neighborhood that is 20 percent black and 40 percent Hispanic would also be considered an "area of minority concentration," because the minority percentage is 20 points above the total overall percentage of minorities in the jurisdiction.

Applicant/Project: _____

☐	**Preliminary Engineering/Architectural Report** If necessitated by the project, a preliminary engineering/architectural report must be inserted in the application. **It must be stamped, signed and dated by a qualified professional registrant in accordance with state law to be accepted.** The preliminary engineering/architectural report should conform to commonly accepted engineering standards. The construction cost budget should be in the same format as a bid schedule, be estimated to a whole dollar number and match the construction amount in the project budget. **Engineers/Architects need to submit their preliminary report to the Application Preparer 30 days prior to the deadline. This will allow sufficient time to compare the narrative part of the application with the engineering report for a consistent application.**
☐	**HUD Disclosure Report.** (This can be found on the ECD CDBG website)
Line Extension Specific Documents	
☐	Water and Sewer Line Extension Application Additional Information forms
☐	Statement from local utility district stating that they had input into the project
☐	Copy of the NPDES permit for an existing sewage treatment plant (if required). If a new discharge permit is required, also include a copy of the planning limits provided by the Division of Water Pollution Control, Permits Section, for a proposed discharge or upgrade
☐	Copy of the citation from TDEC or EPA of permit violations (if required)
☐	Existing and proposed rate structure from the providers on their letterhead. Ensure that this lists costs for 5,000 gallons WITHOUT taxes and fees
☐	Documentation of testing
System Specific Documents	
☐	Water and Sewer System Application Additional Information forms
☐	Statement from local utility district stating that they had input into the project
☐	Copy of the first page of the NPDES permit for an existing sewage treatment plant (if required). If a new discharge permit is required, also include a copy of the planning limits provided by the Division of Water Pollution Control, Permits Section, for a proposed discharge or upgrade
☐	Copy of the citation from TDEC or EPA of permit violations (if required)
☐	Existing and proposed rate structure from the providers on their letterhead. Ensure that this lists costs for 5,000 gallons WITHOUT taxes and fees
☐	Additional calculations on project impact for multi-jurisdiction projects if there was not enough space in the application
Community Livability Specific Documents	
☐	Community Livability Application Additional Information forms
☐	Any additional information needed based on the Additional Information forms such as maps and charts
Housing Specific Documents	
☐	Housing Application Additional Information forms
☐	Map of the survey area showing all homes and structures
☐	Photos of the houses to be assisted with CDBG funds
☐	Local code (if one has been adopted)

Applicant/Project: _____

NOTES:

- Maps can be included as an attachment or submitted by mail. They must be postmarked February 26, 2016.
- A copy of the community's most recent audit must be submitted electronically or mailed to ECD if it is not available on the State Comptroller's website.

Save this file before submitting it.

You will receive a message that ECD has received your file when the submission is complete or an error message if it does not transfer.

You will upload the completed application and all supporting documentation to the ECD ftp site. If you do not have a username and password for the ftp site, contact ECD.

Submit