

# ***PROJECT REQUIREMENTS***

Please use this check list for your convenience. Check off item as information is gathered.

\_\_\_ **NON-PROFIT GROUPS:** You must submit a copy of your constitution and by-laws.

\_\_\_ **PROJECT DESCRIPTION:** Describe the project in quantifiable measurements (linear feet of road resurfacing, water line replacement, # of playground equipment needed, square feet of building to be rehabbed, etc.). Use the appropriate sheet for your project.

\_\_\_ **ATTACH THE FOLLOWING:**

- A location map identifying the exact location of the project.

\_\_\_ **COST ESTIMATES:** Cost estimates for capital improvement projects must be obtained from an architect or an engineer and provided on their letterhead. Estimates **MUST** be based on the use of **FEDERAL PREVAILING WAGE SCALE WITH THIS INDICATED ON THE ESTIMATE**. Industry estimates will be accepted for purchases.

\_\_\_ **ROAD RESURFACING:** Chip and Seal or gravel-based road improvements are not eligible. Road resurfacing estimates **MUST** include the required 8 year guarantee. This **MUST** be indicated on the engineer's estimate on the company's letterhead.

\_\_\_ **OTHER FUNDS:** If you are committing other funds to the project, and/or if other sources of funds are included in the project, copies of letters, resolutions, ordinances, etc., committing these funds must be submitted with this application.

\_\_\_ **QUALIFYING AREA:** The benefit area must be at least 51% low to moderate income. Include a map of the benefit area and show how it qualifies. (by income surveys or census information). If an income survey has been completed please submit this information. If you need assistance in completing an income survey, please contact the Community Development Director.

**Questions?** Please feel free to contact me 7:30 a.m. - 4:30 p.m., Monday through Friday, except holidays, at my office:

**Sheila Samson**  
**Community Development Director**  
**401 Main Street – Ground Level**  
**Zanesville, Ohio 43701**  
**(740) 455-7193 phone**  
**(740) 455-3785 fax**  
[sisamson@muskingumcounty.org](mailto:sisamson@muskingumcounty.org)

# CDBG COMMUNITY DEVELOPMENT PROGRAM APPLICATION

**Important things to remember:**

- ◆ *Only the County may enter into contracts for your project.*
- ◆ *Total proposed activities must be such that can be completed during January through December of the project year. Projects may not begin until awards are made and the environmental reviews are cleared.*
- ◆ *All non-residential construction and improvements must meet or exceed State Building Codes.*
- ◆ **Most Important:** *Please plan your project carefully, and be specific in your description. Changes after the project is approved will require State approval and may cause a substantial delay to the project's completion.*

Name of Applicant

(citizen group, affiliation or government unit) \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Address of the Project Site

\_\_\_\_\_  
Contact Person:

\_\_\_\_\_  
Phone

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**RETURN THIS FORM TO:**

**Sheila Samson  
Community Development Director  
401 Main Street – Ground Level  
Zanesville, Ohio 43701  
(740) 455-7193 phone (740) 455-3785 fax  
[sisamson@muskingumcounty.org](mailto:sisamson@muskingumcounty.org)**

**For office use only:**

Date Received	Census/Income	Info. Complete	Approved	Denied (Reason)

# COST ESTIMATES

*Please attach an estimate provided by a licensed architect or engineer on company letterhead with prevailing wages and useful life indicated.*

Name of Architect or Engineer: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
(include city, state, zip)

1. Are asbestos and/or lead based paint costs indicated on this estimate?    YES    NO    N/A

2. Will the Applicant Agency employees perform any work?    YES    NO

3. If you answered yes to #2, will the employees be paid from the CDBG Grant? YES    NO  
**If yes, indicate this under force account below and include in the CDBG money request.**

Describe the work to be performed by Applicant Agency employees or volunteers (Use the back of this form if needed).

## Cost Breakdown:

*List below all In-kind, volunteer and force account labor*

<b>Labor</b>	\$	\$
<b>Materials</b>	\$	\$
<b>Engineering/Architect</b>	\$	\$
<b>Total Cost of Project</b>	\$	\$
<b>Amount of CDBG money requested</b>	\$	

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

Fund Source	Amount
<b>1</b>	\$
<b>2</b>	\$
<b>3</b>	\$

**List others on the back of this form, if necessary. Commitment letters from all sources listed must be attached, including sources of volunteer labor and in-kind contributions.**

\_\_\_\_\_ Cost Estimate Attached  
 \_\_\_\_\_ Commitment Letters Attached

# PROJECT BENEFIT INFORMATION

**Provide a map which shows the boundaries of the service area.**

Explain who will benefit from this project. When doing this, keep in mind that the people benefiting must be inclusive of the service area. This area must be at least 51% low to moderate income in order to qualify in meeting the national objective of the CDBG Program. For example, a roof replacement to a community center would benefit the entire community for which it is intended to serve, whereas, waterline replacements would benefit only those individuals living on the street where the waterline is being replaced.

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An area may qualify by either the 2000 census or by completing income surveys. **Attach either 2000 census information or income surveys with this sheet.** If you need the census information for your community please contact the CDBG Coordinator. Please complete the following:

How many households are in this service area?

**CENSUS INFORMATION:**

Received from:

Census LMI% YES NO

Date:

Attached? YES NO

**\*\*SURVEY INFORMATION:**

Completed by:

Number completed:

Date:

Attached? YES NO

**\*\* If area survey was completed BEFORE 2008 it may not be valid and you may be required to complete another survey.**

***If no census or survey information is attached, please explain:***

**For CDBG Administrative use only:**

Number of households in service area	
Number of households surveyed	
Number of valid surveys	
% of low-moderate income persons	
Total number of beneficiaries	
Additional information required?	

# Street Improvements, Bridge Replacements, Culvert/Catch Basins, Curbs and Sidewalks

*\*The street improvement category is considered a separate project from curbs and sidewalks*

## PROJECT INFORMATION

Describe project activity by naming the street/road and linear feet of what is being replaced.

Name	Linear Feet	Existing Description*
	LF	
	LF	
	LF	
	LF	
	LF	

*\*Brick, Asphalt, Gravel, Non-existing. If other, please describe.*

## SITE INFORMATION

**YES NO** Does this project cross a stream? *If yes, Army Corps of Engineer Permit may be required.*

**YES NO** Does this project require any excavation or clearing? *If yes, are you prepared to pay for the cost of an archaeological survey that the Ohio Historic Preservation Office may require? Please attach letter of agreement to this extra cost.*

**YES NO** Will you need to acquire easements or property to complete this project? *Any project requiring any type of easement or acquisition is required to abide by the U.S. Department of Housing and Urban Development's Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.*

***PLEASE ATTACH A MAP SHOWING THE EXACT LOCATION OF THE PROJECT***

# Park Development, Equipment Purchase, Public Service

## PROJECT INFORMATION

Describe proposed project activities: (If park, explain # of equipment to purchase, linear feet of walk path, etc.... If equipment, list type and how many. If public service, list type of service.)

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## SITE INFORMATION

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**YES NO** Will you need to acquire easements or property to complete this project? *Any project requiring any type of easement or acquisition is required to abide by the U.S. Department of Housing and Urban Development's Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.*

***PLEASE ATTACH A MAP SHOWING THE EXACT LOCATION OF THE PROJECT***

## **FOR THE PURCHASE OF EQUIPMENT FOR PUBLIC SERVICE**

The following information **MUST** be attached

◆ Program Description: Describe the agency and the services it provides, its clientele and how this activity meets a national objective (limited clientele or low or moderate income). Discuss the service proper and whether it is a new service or expansion of an existing service.

◆ Level of Service:

- a. Define how the service is measured. Identify a unit of service (e.g. nights of shelter, meals per day, individuals served per month, etc.)
- b. Identify **previous year's** source of funds and respective funding levels.
- c. Document previous calendar year's level of service in units described above.
- d. Identify **coming year's** projected source of funds and respective funding levels.
- e. Project the coming year's level of service both with and without CDBG funding.
- f. Indicate the percentage of clients or persons served who reside in your community.

# Water and Sewer Lines

## PROJECT INFORMATION

**Describe Project Activity by naming the street or road and linear feet of what is being replaced or installed.**

Name	Linear Feet	Existing Description*	Replacing With:
	LF		
	LF		
	LF		
	LF		
	LF		

\*Existing Descriptions: line size, non-existing, tile, metal, PVC, etc.

**List additional installations such as fire hydrants, gate valves, etc. in quantity.**

Quantity	Item Description

## SITE INFORMATION

**YES NO** Does this project cross a stream? *If yes, Army Corps of Engineers Permit may be required.*

**YES NO** Does this project require excavation or clearing? *If yes, are you prepared to pay the cost of an archaeological survey that the Ohio Historic Preservation Office may require? Attach letter of agreement to this extra cost.*

**YES NO** Will any access fees be charged? (i.e. sewer or water line hook-up, membership fees, etc.) *If yes, please explain on the back of this page.*

**YES NO** Will you need to acquire easements or property to complete this project? *If yes, please explain on the back of this page and attach a Plat Map. Any property requiring any type of easement or acquisition is required to abide by the U.S. Department of Housing and Urban Development's Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.*

**PLEASE ATTACH A MAP SHOWING THE EXACT LOCATION OF THE PROJECT**