

# SENECA REGIONAL PLANNING COMMISSION

109 South Washington St., Suite 2002, Tiffin, OH 44883

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<http://www.senecarpc.org>

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To: **Municipal and Township Governments, Interested Agencies, Boards and Commissions Serving Seneca County, Ohio**

From: Jill Griffin, Executive Director, [jill\\_griffin@senecarpc.org](mailto:jill_griffin@senecarpc.org)

Re: **FY 2011 Community Development Block Grant (CDBG) Program Application Materials**

Date: March 18, 2011

On behalf of the Seneca County Commissioners, we are pleased to invite localities within Seneca County to submit project requests for FY '11 CDBG Formula funding. The CDBG funds may be utilized in a variety of ways to further Federal and State goals of benefiting low-to-moderate income (LMI) persons or aid in the elimination of slums and blight. The FY '11 funding cycle is from September 1, 2011 through December 31, 2012.

The Commissioners must submit the FY '11 CDBG application to the Ohio Department of Development by June, 2011. Public hearings will be held prior to that date to inform the public of the program and to finalize projects. The first informational public hearing was held on February 8, 2011 at 10:30 a.m. in the Commissioners' Office, 111 Madison St., Tiffin, OH. The second public hearing will be held in May/June 2011 to announce the projects proposed to the State for funding. A notice announcing the hearing will appear in the Advertiser-Tribune at least ten days prior to the public hearing date.

The attached application material must be **completed and submitted to the following address no later than 4:00 p.m. on Monday, April 18, 2011**. If you would prefer a hard copy, contact Jill Griffin at (419) 443-7936 or [jill\\_griffin@senecarpc.org](mailto:jill_griffin@senecarpc.org).

**Jill Griffin  
Seneca Regional Planning Commission  
109 South Washington St., Suite 2002  
Tiffin, OH 44883**

Please submit **one** application per project requested with the supplemental information as detailed in the application instructions. If you have questions or require assistance in preparing your application packet, please contact Jill Griffin at (419) 443-7936.

**FISCAL 2011 CDBG FORMULA PROGRAM  
SENECA COUNTY  
For projects that will be implemented during calendar 2012**

**Information to keep in mind when preparing your project application:**

- Seneca County can fund only a total of six (6) projects.
- The overall application must achieve at least a 51% Low/Moderate Income benefit or benefit one of the following categories of individuals:
 

<input type="checkbox"/> Abused children	<input type="checkbox"/> Illiterate persons	<input type="checkbox"/> Homeless persons
<input type="checkbox"/> Battered spouses	<input type="checkbox"/> Migrant farm workers	<input type="checkbox"/> Severely disabled adults
<input type="checkbox"/> Elderly persons	<input type="checkbox"/> Persons living with AIDS	<input type="checkbox"/> Handicapped persons
- Income surveys or census data specific to the project area may be required to demonstrate LMI benefit. Income surveys can be used for a total of five (5) years from date of completion. **Please contact Jil Griffin (419/443-7936) to discuss your benefit area and the need for income surveys. Specific forms and certifications are required for income surveys.** These are the most current limits at the time of this mailing. If you need to do an income survey for your project, please contact this office to make sure limits have not changed and to clarify new procedures required by the OHCP.

**LOW AND MODERATE INCOME LIMITS – SENECA COUNTY**

Household Size 2010 Section 8 Chart	80% of Median Income
1 Person	<b>\$30,650</b>
2 Person	<b>\$35,000</b>
3 Person	<b>\$39,400</b>
4 Person	<b>\$43,750</b>
5 Person	<b>\$47,250</b>
6 Person	<b>\$50,750</b>
7 Person	<b>\$54,250</b>
8 Person	<b>\$57,750</b>

- If your project is to eliminate slums and blight, building and infrastructure surveys are required. This objective is rarely used for Formula projects.
- Applicants with projects involving public services should include the page specifically addressing public services projects.
- **COST ESTIMATES MUST** be submitted with the application forms. Estimates must be certified by an independent party and detail material and labor costs. **NOTE that parties providing estimates are excluded from bidding the project.** Cost estimates for non-residential construction activities exceeding \$2,000 must state that "Davis-Bacon Prevailing Wage Rates were taken into consideration when determining costs." (These projects must be bid and managed according to CDBG requirements. Quotes may be obtained for equipment purchases and other activities if less than \$10,000 for Counties and \$5,000 for Cities.) If the actual project cost exceeds the estimate or if the project cost exceeds the budgeted CDBG funding, **the local government/entity must certify that it will absorb the additional costs or the project will not be considered.** Remember that CDBG and local procurement requirements must be followed and documented if the project is funded. The State strictly monitors these particular activities.

## CDBG FORMULA PROGRAM APPLICATION

1. Total proposed activities must be completed between January 2012 and December 31, 2012. (Environmental reviews must be completed prior to project start).
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.). Again, note that contactors providing estimates are not permitted to bid the project.
4. All cost estimates for non-residential construction projects with an estimated cost of \$2,000 or more must include Davis-Bacon Prevailing Wage Rates (federal rates) and are to be bid and managed according to CDBG regulations.
5. A useful life certification (for 8+ years) signed and sealed by an engineer must be submitted with road surface projects. Chip and seal or gravel-base road improvements are not eligible activities.
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 requested and cost estimate.
7. Only the County may enter into contracts for your project.
8. If you are committing other funds toward the project and/or if other sources of funds are included in this project, letters, resolutions, ordinances, etc., committing these funds must be submitted with this application. We generally do not cover engineering costs with the grant funds.
9. Attach letter(s) from agency(s) requiring or mandating improvements (if applicable).
10. Organizations (other than local governments) must submit: (1) a copy of their constitution and by-laws and (2) a copy of their year-end income and expense reports. Non-profit organizations must submit a copy of their 501 (c)(3) designation form.
11. Please submit one application for each project or activity.
12. Please be sure to include the required attachments:  
Photographs and/or letters of support  
Certified cost estimate (with Davis-Bacon statement for construction projects)  
Commitment letter from each funding source  
Project site map, Service area map, Income surveys (if needed)  
For public service or non Profits groups, provide the following: constitution and by-laws, year-end income and expense report, 501 (c)(3) designation form, Public Service Project Information sheet (attached).
13. **Applications are due no later than 4:00 p.m. April 18, 2011 at:**

**Seneca Regional Planning Commission  
109 South Washington Street, Suite 2002, Tiffin, OH 44883**

14. If assistance is needed, please contact **Jill Griffin at 419/443-7936, at Regional Planning**

**\*\*\*COMPLETE THE FOLLOWING\*\*\***

**FY 2011 CDBG FORMULA PROGRAM - SENECA COUNTY**

**1. APPLICANT INFORMATION:**

a. Name of Applicant:	
b. Contact Person:	Phone:
Address:	Fax:
	Cell Phone:
	Email:
c. Are you a public service group or a non-profit entity?	Check: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF YES</b> , attach a copy of: (1) constitution and by-laws, (2) year-end income and expense report, and (3) 501 (c)(3) designation form.	

**2. PROJECT INFORMATION:**

a. Describe, in detail, the Project Activity and measurements. Attach additional sheets if needed. Attach photographs taken from several angles.	
b. Will you need to acquire easements or property to complete this project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:	
Is this property occupied?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Who provided the Project Cost Estimate?	
Name:	
Address:	
Phone:	
Labor: (use Federal Prevailing Wage Rates)	\$
Materials:	\$
Engineering:	\$
Total Cost of Project:	\$
<b>(NOTE: ATTACH COPY OF CERTIFIED COST ESTIMATE, PROPOSED PROJECT TO MEET OR EXCEED STATE BUILDING CODE, STATE ON ESTIMATE "DAVIS-BACON PREVAILING WAGE RATES WERE TAKEN INTO CONSIDERATION WHEN DETERMINING COSTS.")</b>	

d. Please identify all funds committed to this project:	
<u>SOURCE</u>	<u>AMOUNT</u>
1.	\$
2.	\$
3.	\$
<b>(NOTE: ATTACH COMMITMENT LETTERS FROM EACH SOURCE LISTED ABOVE.)</b>	
e. Will Village, Township or County employees perform any work on this project? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, will the employees be paid from the CDBG grant? <input type="checkbox"/> YES <input type="checkbox"/> NO	
f. Describe the work to be performed by Village, Township, or County employees:	

**3. PROJECT BENEFIT INFORMATION:**

a. Where is the exact location of the project? ( <i>Attach project site map.</i> )
b. What is the project service area? ( <i>Attach map indicating location of proposed project beneficiaries.</i> )
c. Who will benefit from this project?
d. How many households are in the service area?
e. Has an income survey been done for the project area? <input type="checkbox"/> YES <input type="checkbox"/> NO
( <i>Submit surveys with this application.</i> )
Date of Income Survey:
Number of Households Surveyed:
Number of LMI Households:
% LMI Households:
Number of Persons in Households Surveyed:

**4. SITE INFORMATION:**

a. Does your project affect an historic property or does your project occur in an historic district? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain/describe:	
(Note: Plans and specifications for improvements to properties 50 years of age or older must receive Approval from the Ohio Historic Preservation Office.)	
b. Is your project located in a floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain/describe:	
c. Will any assessments or fees (i.e., water or sewer line hook-up, membership fees, entrance fees, etc.) be charged as part of this project? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	
d. Please indicate Census Tract (s) and Block Number (s) of the project site.	
Census Tract:	Block Group:
Census Tract:	Block Group:

**5. APPLICATION PREPARED BY:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Title/Agency Address

**ADDITIONAL INFORMATION NEEDED FOR PUBLIC SERVICE PROJECTS ONLY:**

Complete pages 3-4 of the Formula CDBG Preapplication. In addition, provide the following information:

1. Describe your agency and the services you provide on a separate page.
2. Describe the proposed public service to be provided. Is it:
  - a. A new service not currently provided? \_\_\_Yes \_\_\_No
  - b. A measurable expansion of an existing service \_\_\_Yes \_\_\_No

Note: Proposed service must be either a new service or measurable increase in an existing service.

3. Please describe how many persons are projected to benefit from the proposed service.

\_\_\_\_\_new beneficiaries

4. Explain how the beneficiaries from your service will be primarily low to moderate income (see income survey for income limits)
  - a. If beneficiaries qualify on the basis of income limited, describe how service to low and moderate income persons can be documented. (Does your program have income eligibility limits? Or will beneficiaries complete the CDBG income survey?)
  - b. Certain groups of beneficiaries automatically qualify, as a group, as low to moderate income. Do your beneficiaries fall into any of the following groups as a whole?
    - i. \_\_\_Abused children
    - ii. \_\_\_Battered spouses
    - iii. \_\_\_Elderly persons
    - iv. \_\_\_Handicapped persons
    - v. \_\_\_Homeless persons
    - vi. \_\_\_Illiterate persons
    - vii. \_\_\_Migrant farm workers
    - viii. \_\_\_Persons living with AIDS
    - ix. \_\_\_Severely disabled adults
    - x. \_\_\_Programs with eligibility requirements that limit the benefits of an activity to low and moderate income persons.

5. Define how a unit of service is measured (i.e. nights of shelter, meals delivered per day, persons served per month or year).

To document an increase in service resulting from CDBG funds, identify:

- a. Previous year's source of funds and funding levels
- b. Previous year's level of service in units described above
- c. Coming year's projected source of funds and respective funding levels (including proposed CDBG)
- d. Coming year's projected level of service, both with and without CDBG funding.