IV. **ICDBG Application Information Page**

Applicant (City/County):Click or tap here to enter text. Chief Elected Official:Click or tap here to enter text.

Address:Click or tap here to enter text. Phone:Click or tap here to enter text.

Email Address:Click or tap here to enter text.

Unique Entity Identification (UEI) #Click or tap here to enter text.

Sub recipient (if applicable):Click or tap here to enter text. President:Click or tap here to enter text.

Address:Click or tap here to enter text. Phone:Click or tap here to enter text.

Application Prepared by:Click or tap here to enter text. Phone:Click or tap here to enter text.

Address:Click or tap here to enter text.

Architect/Engineer/CM (Contact Name):Click or tap here to enter text. Phone:Click or tap here to enter text.

Address:Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **NATIONAL OBJECTIVE**  *(mark one)*    LMI Area  LMI Jobs  LMI Clientele  Slum & Blight  LMI Housing  Post Disaster | **PROJECT TYPE**  *(mark one)*  Public Facility  Infrastructure for Jobs  Downtown Revitalization  Community Center  Senior Center  Public Park  Post Disaster | **LMI DATA**  *(mark one)*  CENSUS  SURVEY  JOBS  HOUSING | **PROJECT POPULATION TO BENEFIT**  TOTAL # TOBENEFIT:Click or tap here to enter text.  TOTAL # LMI TO BENEFIT:Click or tap here to enter text.  % LMI TO BENEFIT:Click or tap here to enter text. |
| **PROJECT DESCRIPTION:** *(in a few short sentences, explain your project below)* | | | |
| Click or tap here to enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE** | **AMOUNT** | **FUNDS COMMITTED/ CONTRACT AWARD DATE** | **DOCUMENTATION IN APPENDIX\*\*** |
| **ICDBG** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Local Cash | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Local Loan\* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Local In-Kind\*\* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| USDA-RD Grant | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| State Grant | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Foundation Grant | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Private Investment | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Total Project Financing** | Click or tap here to enter text. |  | |

*\* Identify Loan Source(s)* Click or tap here to enter text. *Date Bond or Necessary and Ordinary Passed* Click or tap here to enter text.*\*\*Identify which appendix corresponding documentation is in. Documentation should be a letter from the appropriate source.*

V. **Economic Advisory Council Page:** *(one-page narrative)*

Click or tap here to enter text.

VI. **Threshold Factors**

A. **Eligible Applicant:**

The applicant is a City County

If the applicant is sub-granting to a sub-recipient, at a minimum a draft sub-recipient agreement and/or acknowledgement from both parties of the arrangement should be described and understood.

B. **Eligible Activities:** Click or tap here to enter text.

C. **National Objective:** There are six National Objectives listed below. Complete only the National Objective

that will be met with the project.

1. Low-and-Moderate-Income Area Benefit:

Total number of households\* in project benefit area Click or tap here to enter text.

**Note:** For water and sewer projects, this is the number of households hooked onto the system and any households that will hook onto the system once the project is complete.

LMI Percentage Determined by: *(mark one and complete requested information)*

Census Data – provide supporting documentation in Appendix.

Income Survey – provide Survey Report in Appendix.

Census and Survey – provide supporting documentation/report in Appendix.

2. Low-and-Moderate-Income Limited Clientele

3. Low-and-Moderate-Income Housing

4. Low-and-Moderate-Income Job Creation

5. Prevention / Elimination of Slum and Blight

6. Post Disaster

D. **Citizen Participation:** *(respond to questions and provide documentation in Appendix)*

ICDBG Citizen Participation Plan adopted? Yes No

Did you hold a public hearing prior to application? Yes No

Date of Notice Click or tap here to enter text. Date of Hearing Click or tap here to enter text.

E. **Administrative Capacity:**

1. Applicant Capacity *(1/4 page narrative)*

a.Click or tap here to enter text.

b*.* Click or tap here to enter text.

c.Click or tap here to enter text.

d.Click or tap here to enter text.

2. Grant Administrator *(1/4 page narrative and documentation in appendix)*

Click or tap here to enter text.

**F. Fair Housing:** *(documentation in appendix)*

G. **Anti-Displacement Resolution:** *(the applicant certifies to this by signing the ‘Certifications Page’ in the back of this chapter)*

VII. **Program Income:** *(1/3 page narrative and documentation in appendix)*

Click or tap here to enter text.

VIII. **Project Description and Property:** *(include the project description as outlined in the instructions)*

**A. Project Description:** *(1/2 page narrative)*

Click or tap here to enter text.

B. **Project Property & Permits:** Answer the following questions and attach documentation.

1. Does the applicant have current ownership or title to property applicable to the project? Yes No *(if yes, provide copy of deed in appendix)*
2. Will any property be needed for this project? Yes No

Status of the purchase: Click or tap here to enter text.

Estimated date of final purchase: Click or tap here to enter text.

What funds will be used to make purchase? Click or tap here to enter text.

1. Will any easements/or rights-of-way be needed for this project? Yes No

Status of the purchase: Click or tap here to enter text.

Estimated date of final purchase: Click or tap here to enter text.

What funds will be used to make purchase? Click or tap here to enter text.

1. Will any lease be needed for this project? Yes No

Status of the lease: Click or tap here to enter text.

Estimated date of lease execution: Click or tap here to enter text.

1. Is anyone living on the land or in the structures at the proposed site? Yes No
2. Is any business being conducted on the land or in the structures at the proposed site? Yes No
3. Are there any businesses, individuals, or farms being displaced as a result of this project? Yes No
4. Are there permits that will be needed for the project? *(mark all that apply)*

well permit

water rights

land application

demolition permits

zoning permit

air quality permit

building permit

other Click or tap here to enter text.

Status of the permits (has application for the permit been submitted, if so, what is the projected date of issue?):

Click or tap here to enter text.

1. Describe the ownership or lease arrangements for the property involved in the project.

Click or tap here to enter text.

IX. **Budget Narrative:** Describe the source and status of all funding for the project according to the instructions. Provide support documentation in the appendix. *(1/2-page narrative)*

**Note:** Project Budget = Cost Estimates

A. Government

Click or tap here to enter text.

B. Local

Click or tap here to enter text.

C. Private

Click or tap here to enter text.

X. **Idaho Community Development Block Grant Budget** *(double-click budget spreadsheet below to fill in line items and funding sources—totals will populate automatically but be sure to verify your final figures for accuracy)*



XI. **Detailed Cost Analysis**

1. Have plans and specs been submitted to regulatory agencies for review? Yes No N/A

If yes, list the agencies: Click or tap here to enter text.

1. Will project include bid alternatives to meet project budget if necessary? Yes No
2. Are Davis Bacon wage rates applicable to the project? Yes No

If yes, are they included in the project costs? Yes No

1. Design Professional Cost Estimate may be found in Appendix Click or tap here to enter text.

XII. **Project Schedule**

|  |  |
| --- | --- |
| **Project Activity** | **Expected Completion Date** |
| Design Professional Contract Executed | Click or tap here to enter text. |
| Grant Administration Contract Executed | Click or tap here to enter text. |
| Environmental Release | Click or tap here to enter text. |
| Bid Document Approval | Click or tap here to enter text. |
| Bid Opening | Click or tap here to enter text. |
| Construction Contract Executed | Click or tap here to enter text. |
| Start Construction | Click or tap here to enter text. |
| Second Public Hearing | Click or tap here to enter text. |
| Certificate of Substantial Completion | Click or tap here to enter text. |
| Furthering Fair Housing Actions | Click or tap here to enter text. |
| 504/ADA Accessibility Actions | Click or tap here to enter text. |
| LEP Four Factor Analysis | Click or tap here to enter text. |
| Construction 100% Complete | Click or tap here to enter text. |
| Final Closeout | Click or tap here to enter text. |

**In addition to the items above, include the following for Job Creation projects:**

|  |  |
| --- | --- |
| **Project Activity** | **Expected Completion Date** |
| Business’ Job Commitment finalized | Click or tap here to enter text. |
| Start Business Construction | Click or tap here to enter text. |
| Business Construction 100% Complete | Click or tap here to enter text. |
| Job Creation Completed | Click or tap here to enter text. |

XIII. **Grantee and Sub-recipient Financial Profiles**

**The Grantee is a** City County *(mark one)*

**If a sub-recipient, select the type of Organization:**

Water District Sewer District Water Association

For-Profit Company Non-Profit Company Recreation District

Fire District Hospital District Other(explain): Click or tap here to enter text.

**Section I. Water System (only) –** Input information for the water system (entity) that is expected to utilize the CDBG funds.

Water Source(s): Wells River Lake Springs Purchase Other Click or tap here to enter text.

Water Treatment Method: Click or tap here to enter text.

Number of people served by the system Click or tap here to enter text.

Number of hook-ups on the system Click or tap here to enter text.

Number of equivalent dwelling units Click or tap here to enter text.

(EDU’s) on the system Click or tap here to enter text.

Number of residential EDUs Click or tap here to enter text.

Number of commercial EDUs Click or tap here to enter text.

Number of industrial EDUs Click or tap here to enter text.

Are all system users on meters Click or tap here to enter text.

For residential users, what is the average monthly water rate for 10,000 gallons? $Click or tap here to enter text.

What will the monthly rate be after project completion, based on 10,000 gallons? $Click or tap here to enter text.

When was the last rate increase?Click or tap here to enter text.

How much were the rates increased? $Click or tap here to enter text.

Annual water system revenue $Click or tap here to enter text.

Current reserve amount $Click or tap here to enter text.

Total dollar amount owed by customers in arrears $Click or tap here to enter text.

Annual water system expenses $Click or tap here to enter text.

Residential Hook-Up Fee $Click or tap here to enter text.

Commercial Hook-up Fee $Click or tap here to enter text.

Industrial Hook-Up Fee $Click or tap here to enter text.

Explain Water Conservation Methods Implemented: Click or tap here to enter text.

If the project is a water source improvement, has a source water protection plan been conducted? Yes No

**For this proposed project:**

Has the replacement cost of short lived assets (SLA) been determined? Yes No

How much annually needs to be reserved for the SLA replacement cost? $Click or tap here to enter text.

**Section II. Sewer System (only) –** Input information for the sewer system (entity) that is expected to utilize the CDBG funds.

Sewer Treatment Method Click or tap here to enter text.

Do you have a Pre-treatment system? Yes No

Number of people served by the system Click or tap here to enter text.

Number of residential connection on the system Click or tap here to enter text.

Number of commercial connection on the system Click or tap here to enter text.

Number of industrial connection on the system Click or tap here to enter text.

Number of new connections within the last year Click or tap here to enter text.

Are residential water users metered? Click or tap here to enter text.

What are the current residential sewer rates? $Click or tap here to enter text.

What will new monthly rates be after project? $Click or tap here to enter text.

When was the last rate increase? $Click or tap here to enter text.

How much were the rates increased? $Click or tap here to enter text.

What will be the new monthly rate after the project is Complete? $Click or tap here to enter text.

Residential Connection Fee $Click or tap here to enter text.

Commercial Connection Fee $Click or tap here to enter text.

Industrial Connection Fee $Click or tap here to enter text.

Annual sewer system revenue $Click or tap here to enter text.

Current dollar amount owned by customers in arrears $Click or tap here to enter text.

Annual sewer system expenses $Click or tap here to enter text.

**For this proposed project:**

Has the replacement cost of short lived assets (SLA) been determined? Yes No

How much annually needs to be reserved for the SLA replacement cost? $Click or tap here to enter text.

**Section III. All Applicants except Sewer and Water**

**Grantee or Sub-Recipient:** Click or tap here to enter text.

* 1. Does the organization have taxing authority? Yes No
     1. Do you tax? Yes No
        1. If yes:
           1. What is the tax rate? Click or tap here to enter text.
           2. What is the annual tax amount generated? Click or tap here to enter text.
     2. If your organization does not tax, how are operational costs sustained? (bonds, donations, assessments, etc.): Click or tap here to enter text.

**Section IV. All Applicants (City or County)**

**Furthering Fair Housing**

As part of the CDBG program, cities and counties are required to further fair housing within your community. In 2022, Commerce and Idaho Housing and Finance Association conducted an assessment to fair housing. The assessment examined policies and practices among Idaho’s cities, counties, and housing industry to determine fair housing issues and contributing factors.

For some of these contributing factors there are steps cities and counties can take to achieve the goal of r educing or mitigating the factors, thereby furthering fair housing.

**Contributing Factor #1**

There is the lack of cities and counties providing for the allowance of group homes in designated residential zones or their narrow definitions of the types of group homes allowed (nursing and rest homes) Why is this a contributing factor? *The regulation may treat residents who are disabled, differently. Therefore*;

Has the City/County reviewed its zoning codes specific to group homes to ensure that they are in compliance with the Fair Housing Act? (group homes are allowed in residential zones and that the City/County definition of a group home is not too restrictive) Yes No

If No, what steps are you taking to address the issue? Click or tap here to enter text.

**Contributing Factor #2**

Idaho’s fair housing law does not provide protection based on familial status. Familial status is the presence of one or more children under the age of 18, pregnant woman, or someone in the process of acquiring legal custody of a child. Why is this a contributing factor? Residents who are unfamiliar with fair housing law may believe that they are not protected from housing discrimination based on familial status because Idaho’s law does not cover familial status.

Does the City/County have an ordinance, resolution, or proclamation that prohibits discrimination against individuals based on their familial status? **Note**: this is not the same as the Fair Housing Resolution. Yes No

If No, has the council or commission discussed the issue and/or are willing to pass such an ordinance, resolution, or proclamation?

Explain: Click or tap here to enter text.

**Contributing Factor #3**

Lack of public transportation in rural areas. Also, insufficient transportation services to support independent and integrated community living for seniors and persons with disabilities.

In accordance with Idaho’s Local Land Use Planning Act, has the City or County completed their Comprehensive Plan? Yes No If Yes, when was the Plan last updated? Click or tap here to enter text.

Under the transportation component of the Plan has the City / County evaluated:

* Existing (or feasibility of) public transportation options such as – bus or van? Yes No
* Bicycle paths?  Yes No

**Contributing Factor #4**

Low wages in economically disadvantaged rural areas due to limited economic growth and growth in low wage industries (service jobs).

Does the City or County belong to an economic development organization whose objective is to advance job growth or training opportunities in the area? If yes, identify the organization(s):

Click or tap here to enter text.

**Contributing Factor #5**

Housing in rural areas developed without visitable/accessible features due to limited development in some rural areas and when housing was developed.

What is the most current edition of the International Building Code the City / County has adopted?

Click or tap here to enter text.

What is the most current edition of the International Residential Code the City / County has adopted?

Click or tap here to enter text.

In addition to the International Residential Code, has the City/County adopted a building standard or ordinance that requires or encourages Visitability in single family housing? (basic requirement: one zero-step entrance, doors with 32 inches of clear passage space, one bathroom on the main floor you can get into using a wheelchair, and reinforcement of bathroom walls for potential grab bar installation). Yes No

**Contributing Factor #6**

Some local governments’ land-use regulations do not embrace practices that allow for diverse housing stock. Diverse housing stock can increase affordability of housing—therefore, does the City/County:

* Allow for ADUs in all or some residential zones? Yes No
* Allow duplexes in single family zones? Yes No
* Allow triplexes in single family zones? Yes No
* Allow lower parking standards for affordable or group housing developments? Yes No

XIV. **Project Site – Field Notes Review**

The purpose of this review is to identify potential environmental related issues that could delay, hamper or derail the proposed project. The information will assist in understanding what studies, documentation, and mitigation measures could be applicable in order to commence project construction.

1. **Limitations on Activities**

Is the Grantee planning or in the process of acquiring property for this proposed project? Yes No

If yes, is the Applicant aware that land acquired or site work after submission of the ICDBG application is subject to 24 CFR 58.22 Limitation on Activities Requiring Clearance? Meaning once an application for ICDBG funds is submitted, neither Applicant or sub recipient, may commit Non-HUD funds to a project for land acquisition or site work (except for minor testing) before the environmental review is complete, unless the land acquisition or contract is conditioned on completion of the ICDBG environmental review.

2. **Historic Preservation**

Has the SHPO or THPO been notified of the project via the SHPO form? Yes No

Use <https://history.idaho.gov/wp-content/uploads/DOSE-form.pdf>

Have tribes with possible cultural and religious sites been notified of the project? Yes No

3. **Floodplain**

Is the project located within a floodway or floodplain designated on a current FEMA map? Yes No

Use [www.msc.fema.gov](http://www.msc.fema.gov) If yes, what is the floodplain map number? Click or tap here to enter text.

If the project is located in a floodway or floodplain, is the community where the project is taking place a participant in the National Flood Insurance Program? Yes No

Use <https://idwr.idaho.gov/flood-control-districts/>

4. **Wetlands**

Are there estuarine, ponds, lakes, marshes, drainage ways, streams, rivers, or other wetlands on or

near the site? Yes No

5. **Asbestos and/or Lead Based Paint**

For building renovations, remodeling or demolition, has an asbestos analysis been planned for or conducted?

Yes No N/A

For housing rehabilitation, has a lead-based paint assessment been planned for or conducted?

Yes No N/A

6. **Noise Sensitive Use**

Is the project new construction or rehabilitation of noise sensitive use (i.e., housing, mobile home parks, nursing homes, hospitals, and other uses where quiet is integral to the project functions)? Yes No

If yes, is the project located within 5 miles of an airport, 1000 feet of a major highway or busy road, or 3,000 feet of a railroad? Yes No

7. **Explosive and Flammable Operations**

Is the physical structure (not necessarily infrastructure) intended for residential, clinical, recreational, commercial or industrial use? Yes No Unknown at this time

If yes, are there any above ground explosives, flammable fuels or chemical containers within .25 mile of the physical structure? Yes No Unknown at this time

If yes, have you been able to identify what the container is holding and the container’s size? Yes No

8. **Site or Soil Contamination**

Are there any known hazardous materials, contamination, chemicals, gases, and radioactive substance on or near the site? Yes No Unknown at this time

If yes, explain: Click or tap here to enter text.

During the visual inspection of the site, are there signs of distressed vegetation, vents or fill pipes, storage/oil tanks, stained soil, dumped material, questionable containers, foul or noxious odors, etc.? Yes No

If yes, explain: Click or tap here to enter text.

At this time, are the site’s previous uses known to have been gasoline stations, train depots, dry cleaners, agricultural operations, repair shops, landfill, etc.? Yes No

Are other funding agencies requiring the Grantee to perform an American Society for Testing Materials (ASTM) environmental assessment? ASTM assessment involves analysis of site uses and ownership, inspection of site, and possible testing. Yes No

9. **Other Agency Environmental Reviews**

Have facilities studies or other environmentally related site reviews been conducted or are in the process of being conducted? Yes No

If yes, identify who is conducting the review: Click or tap here to enter text.

10. **Environmental Due Diligence**

Has the applicant contacted any environmental or historical agencies in an effort to minimize the environmental review’s timeline in waiting for necessary responses or information? This preliminary step will assist in allowing the applicant to respond to required mitigation measures sooner rather than later, should the proposed project receive grant funding.

*(mark the agencies below that have been contacted)*

**Note:** If other funding agencies have sought comment from the agencies listed below for the same project, you may not need to contact.

Idaho State Historic Preservation Officer

Tribal Historic Preservation Officer or Tribal Office

U.S. Fish and Wildlife

NOAA Fisheries (if salmon and/or steelhead are applicable)

Idaho Fish and Game

USDA Natural Resource Conservation Service (if farmlands are applicable)

Idaho Department of Environmental Quality

Local Government – Planning Department

Others Click or tap here to enter text.