

Date Received: \_\_\_\_\_

**FY 2016 CDBG ALLOCATION PROGRAM**  
**Wood County, Ohio**

1. Total proposed activities must be such that can be completed between September 2016 and December 2017
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-based 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 requested and estimate(s) of cost.
7. Only Wood County may enter into contracts for your projects.
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.
11. Three (3) hard copies of the application and attachments need to be submitted this year.

**COMPLETE THE FOLLOWING**

**I. Applicant Information**

- a) Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_
  
- b) Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Are you a public service group or non-profit entity?  YES       NO  
*If YES, attach a copy of constitution and by-laws – See Item (10) above*

**2. Project Information**

- a) Describe Project Activity and measurements in detail. Attach additional sheets and photographs (if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE:

- a. Fire Departments – See item (6) above
- b. Describe if project is necessary to meet state or local requirements or mandates – See item (9) above.

b) Will you need to acquire easements or property to complete this project?  YES  NO  
 If YES, explain: \_\_\_\_\_

\_\_\_\_\_

c) Is this property occupied?  YES  NO

d) Who provided the Project Cost Estimate?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Labor (use federal prevailing wage)	\$	_____
Materials	\$	_____
Engineering	\$	_____
<b>Total Cost of Project</b>	<b>\$</b>	_____

NOTE: Attach a copy of the cost estimate – See items (3) & (4) above

e) 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	FUNDS (\$)
1. _____	_____
2. _____	_____
3. _____	_____

NOTE:

- (1) Attach commitment letters from the sources listed above – See item (8) above
- (2) Proposed project must meet or exceed State Building Code – See item (2) above

f) Will Village, Township, or County Employees perform any work?  YES  NO

If yes, will the employed be paid from the CDBG grant?  YES  NO

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? \_\_\_\_\_  
\_\_\_\_\_

*Note: Provide a map which shows the location of the activity*

b) What is the project service area? \_\_\_\_\_  
\_\_\_\_\_

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

c) Who will benefit from this project? \_\_\_\_\_  
\_\_\_\_\_

d) How many households are in the service area? \_\_\_\_\_

e) Have you completed an income survey?       YES     NO  
*NOTE: Submit the survey(s) with this form.*

1. DATE HOUSEHOLDS WERE SURVEYED \_\_\_\_\_

2. NUMBER OF HOUSEHOLDS SURVEYED \_\_\_\_\_

3. NUMBER LOW-MODERATE INCOME HOUSEHOLDS \_\_\_\_\_  
*(Number of surveys with checkmarks)*

4. % OF LOW-MODERATE INCOME HOUSEHOLDS \_\_\_\_\_  
*(Line 3 divided by line 2)*

5. NUMBER OF PERSONS IN HOUSEHOLDS SURVEYED \_\_\_\_\_

**4. Site Information**

a) Does your project affect a historical property or does your project occur in a historical district?       YES     NO  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Is your project located in a floodplain?     YES     NO  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Will any access fees be charged? (i.e. Sewer or water line hook-up, membership fees, entrance fees, etc.)       YES     NO  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

