| Date Receiv | red: |
|--------------------|------|
|--------------------|------|

PY 2022 CDBG ALLOCATION PROGRAM Wood County, Ohio

- I. Total proposed activities must be such that can be completed between January 2023 and December 2024
- All non-residential construction and improvements must meet or exceed State Building Codes.
- 3. Notarized 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 AND list useful life information.
- 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.
- II. Three (3) hard copies of the application and attachments need to be submitted this year: Can be found online: http://planning.co.wood.oh.us/home/grants/

| | COMPLETE THE FOLLOWING | | | | | |
|--------------------------|------------------------|--|--|--|--|--|
| I. Applicant Information | | | | | | |
| | a) | Name of Applicant: | | | | |
| | | Address: | | | | |
| | | Phone Number: | | | | |
| | | Email: | | | | |
| | b) | Contact Person: | | | | |
| | , | Address: | | | | |
| | | Phone Number: | | | | |
| | | Email: | | | | |
| | | e 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. | Pro | <u>roject Information</u> | | | | |
| | a) | Describe Project Activity and measurements in detail. Attach additional sheets and photographs (if necessary). | | | | |
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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.

| ls t | this property occupied? | ☐ YES | □ NO | | | |
|--|---|------------------------------|---------------------------|--------------------|--|--|
| Na Ad | Who provided the Project Cost Estimate? Name: Address: | | | | | |
| Pho Em | one Number: nail: | | | | | |
| | Labor (use federal pi Materials Engineering | revailing wage) | | | | |
| | Total Cost of Proj | ect | \$ | | | |
| Does the Cost Estimate state that that is uses Davis Bacon Wage Rates and include useful life information? YES NO | | | | | | |
| | NOTE: Attach a copy | of the cost estime | ate – See items (3) & (4) | above | | |
| Ho | How much CDBG money is being requested? \$ | | | | | |
| | ou are not applying for thom? | e total cost of t | he project, where will t | he other funds com | | |
| 1. 2. 3. | SOURCE | | FUNDS (\$) | | | |
| NC | OTE: (1) Attach commitment le (2) Proposed project must | • | | ` ' | | |
| W | ill Village, Township, or Co | ounty Employee | es perform any work? | □ YES □ NO | | |
| lf v | ves, will the employed be p | aid from the C | DBG grant? | ☐ YES ☐ NO | | |
| ıı y | he the work to be perforn | ned by Village. ⁻ | Fownship, or County er | nployees. | | |
| • | be the work to be periori | | | | | |

| | Note: Provide a map which shows the location of the activity What is the project service area? | | | |
|---|---|--|--|--|
| b) | | | | |
| | | | | |
| | 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? | | | |
| | I. 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 | | | |
| Site Information a) Does your project affect a historical property or does your project occudistrict? ☐ 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: | | | |
| | /os, ospianii | | | |

5. Community Development Implementation Strategy (CDIS)

In the space below or on an attached sheet, please provide a narrative description of how this project meets the needs of your community as delineated in your community survey and demonstrates:

- Project Feasibility (readiness to proceed, other funding in place, applicable permits or approvals in place)
- Project Criticality (project addresses safety, health and/or general welfare issues)
- Project Impact (number of people benefiting and percentage of low and moderate income people assisted).

| Please be complete and comprehensive as this information will be used by Wood County and the State of Ohio for evaluation of the year's funding request and future funding requests. | | | | | | |
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| | | | | | | |
| | Signature: | | | | | |
| | Printed Name: | | | | | |
| | Title· | | | | | |

PLEASE SUBMIT 3 COMPLETED APPLICATIONS NO LATER THAN

MONDAY, MAY 16TH, 2022 @ 4:30 PM

TO:

Wood County Planning Commission One Courthouse Square, 5th Floor Bowling Green, OH 43402

IF ASSISTANCE IS NEEDED, PLEASE CALL (419) 354-9128

8:30AM – 4:30PM • MONDAY – FRIDAY (EXCEPT HOLIDAYS)